

**A STUDY OF THE EDUCATIONAL DIFFICULTIES EXPERIENCED BY
AIDS ORPHANS IN 5 UGANDAN SECONDARY SCHOOLS.**

By

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Abstract

This thesis is concerned with the educational implications of becoming an AIDS orphan in Uganda. Bereavement is a sensitive topic which many find difficult to discuss with adolescents, even harder if it is HIV/AIDS - related. However the number of AIDS orphans in Uganda is high and a considerable number of them are in school. The main purpose of this study was to investigate what problems such students face and what resources are available to them in schools to help them cope with the loss of their parent/s.

Questionnaires and interviews were designed to investigate the perceptions of those in direct or indirect contact with these orphans and with the orphans themselves. They were administered to 5 headteachers, 56 teachers and 400 students from 5 secondary schools. Responses to the questionnaires were analysed, using descriptive statistical techniques, and associations were tested.

Interviews were carried out with 5 headteachers, 20 teachers, 25 orphans, a school counsellor, two teacher training lecturers, staff of 4 non-governmental organisations and an educational officer. Categories and themes were developed using the data, the literature and the research questions. These were then compared across the different schools and respondents.

The study found that the identification of AIDS orphans was usually complicated by the stigma attached to HIV/AIDS. Though a substantial number of the orphans were facing multi-variant problems, there were no or very limited resources open to the students to help them cope with the loss of their parent/s. Such students are at risk of dropping out or failing in school and hence access to one of the most important chances in life is denied. These children are also at risk of being socially excluded. Conclusions based on the results of the study were drawn and recommendations made.

Dedication.

To AIDS orphans who bravely cope with the loss of their parents.

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List of Abbreviations

AIDS	Aquired Immuno Deficiency Syndrome
HIV	Human Immunodeficiency Virus
NRM	National Resistance Movement
WHO	World Health Organisation
ACP	AIDS Control Programme
UNAIDS	United Nations Organisation for HIV/AIDS

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

AIDS (Acquired Immuno Deficiency Syndrome) is acquired as a result of contracting the Human Immunodeficiency Virus (HIV). It is a fatal disease with no vaccine as yet. Neither is there a cure. The Ugandan National Resistance Movement (NRM) government was one of the first governments in Africa to openly acknowledge the presence of AIDS in its own country. Cases of AIDS were first recognised in the Rakai district. The findings were published in the "Lancet" in 1985 under the heading "Slim disease in Uganda and the association with HTL-111 infection" (Serwadda et al, 1985).

Uganda is one of the countries most heavily hit by the HIV/AIDS epidemic in Africa and indeed the world: it ranked second in the number of reported AIDS cases to World Health Organisation (W.H.O.) after the United States (W.H.O. 1991). In Kampala, Uganda's capital city, it was in 1987 officially estimated that 12-15 % of the adult population were HIV carriers and that the number of AIDS cases at Mulago (one of the biggest hospitals in Uganda) had been doubling every five months (Hooper, 1987). In 1990 it was estimated (Goodman, 1990) that one million Ugandan adults were already HIV positive and that there could be up to 50,000 new cases each year. Shuey et al, cited in Mann and Tarantola (1996) estimated that 1.5 million people in Uganda were HIV infected. However in 1999 The AIDS Control Program (ACP) reported that there was a decrease in the number of HIV infections. In his address at a national conference of the Islamic Medical Association President Yoweri Museveni

reported that Uganda's HIV/AIDS rate had dropped from 30% in 1996 to the present level of 9%. At present 1.5 million Ugandans are HIV positive and about 500,000 people have lost their lives through AIDS (<http://nz.com/NZ/1999>).

1.2 The socio-cultural and economic context of the study

AIDS is as a result of acquiring HIV although a number of people have articulated the fact that it is caused by poverty(President Mbeki of South Africa). What is not disputed is that one of the major causes for the rapid spread of HIV/AIDS is due to poverty (Wakuranya 1998). Poverty creates situations of vulnerability in that poor people usually have lower nutritional status, they lack access to adequate health facilities and services, they lack access to information and means to protect themselves from HIV, poor women and girls enter into sexual relationships as a means of income and lack the ability to insist on the use of condoms, young men have to leave home in search of employment and they lack the financial means to engage into other pleasurable experiences other than sex (Kelly 2000).

In Uganda AIDS is mainly associated with promiscuous behaviour and it has been linked to truck drivers, traders and prostitutes. Bloor (1995) uses the "core group" theory to explain this. He suggested that there are small numbers of highly sexually active people with large numbers of partners who are deemed at risk of infection. Female prostitutes would constitute one such core group. A prostitute once infected by a client would pass on the virus to other clients who may turn pass it on. Long distance lorry drivers have also been identified as the second core group. Bloor argued that they may interlink with prostitutes and act as highly geographical mobile clients spreading the virus along the highways, among other local prostitutes population as well as casual girlfriends or wife (or even wives). Marriage patterns, urbanisation sexual behaviour, the status of women, economic disparities, absence of male

circumcision, frequency of untreated sexually transmitted diseases, poverty and movement patterns outline various speculations as causes of the speedy spread of HIV/AIDS (Bennett et al. 1997). For example, cultural laws on inheritance in some tribes in Uganda, where his brother inherits the wife of the deceased is now shunned because it escalates the spread of the virus. However, the comparison of diverse cultural groups is invalid because cultural differences include many compounding factors such as religion and sexual behaviours (Malamba et al 1994).

It has been argued that AIDS in Uganda like in most developing countries cannot be studied in isolation as it links with other economic and political factors. Uganda had suffered war, brutality, famine and poverty and ill health for a long time and hence AIDS may be taken as another calamity to be endured. These factors create ideal conditions for the spread of the virus as many displaced people move without partners or families for a long time (Honisbaum, 1991; Van der Vliet, 1996).

It is against such a background where most people living with HIV/AIDS is found – in Africa , there is the least resources to combat the epidemic and to care for those are affected or infected by it (Nicolson, 1996). Whereas the amount available for treating an AIDS patient is less than 900 US dollars in tropical Africa, it is over 11,000 US dollars in developed countries such as those of Europe and The United States of America. They attributed the difference to the per capita incomes of the countries mentioned. In 1998, Uganda had a per capita gross national product of US dollars 310. More than half of the population lived on less than \$1 a day, two thirds of the population lack access to safe water, there are less than five physician to 100,000 people, there are large numbers of unemployment and thousands of children are out of school (Ainsworth & Waranya, 2000). In such circumstances where both financial and administrative needs are endless and where HIV/AIDS is not the only problem,

government and policy makers face very difficult decisions on what to prioritise. This was articulated by the Education Officer on the subject of whether government could employ counsellors in schools: “ *You see, government can’t afford to pay large numbers of teachers...so this is another factor when it comes to counsellors in schools*”. It is also summed up by one of the headteachers thus:

The government has offered UPE [Universal Primary Education] but other things are involved, feeding meals, scholastic materials, uniform and the like. How it is going to be done I don't know. It's a lot of money that is why I have doubts whether it can do anything for these orphans. You see, even the war orphans are hardly taken care of.” (Headteacher 5, School E, Research interviews, 1998).

As elsewhere in the world, AIDS in Uganda has made major social and economic impacts on the country and society in particular. Apart from the actual victims of the epidemic, its’ effects are felt by individuals, communities and societies.

"Nearly 80% of those infected with HIV are in the economically productive and reproductive active ages between 15-45; this means the loss of bread winners and parents in families."(STD/AIDS Control Programme, 1993) (ACP, 1997).

AIDS is a disease that inflicts both emotional and physical strain on the victim, and in the long run renders him/her helpless. In cases where the victim is the head of the family and responsible for its welfare (in most cases this is so), it will mean that the family members will have to sell off assets, improvise, depend on handouts or do without even the basic necessities. In the rural areas where agriculture is the main economic activity the land may be left redundant partly because most of the attention is focused on the sick or because there are no hands to tend the land. Further still, the victim needs a lot of healthcare and medications, straining the financial resources further. As if this is not enough, after the victim's death what may be left has to pay for burial costs. As noted (Seeley et al, 1993) these assets can rarely be replaced. The

implication for orphans in such situations is that they will be dependant and on the mercy of relatives or good Samaritans. Kelly (2000:20) rightly notes that *“AIDS strikes hardest at those who in their most productive years...It deprives families, communities and societies of experienced skilled and active members. Because it reaches a peak in the age groups who are raising children, it hits hard at families, leaving children orphaned and without support”*. A study (Ryder et al., 1994) on AIDS orphans in Zaire, concluded that while there was no significant difference between other children and AIDS orphans due to the presence of an extended family, father, or similarly aged caretakers who assumed care for the children, this could not be generalised to include other parts of Africa where HIV rates were high like in Uganda. In Uganda individuals aged 20 to 50 years are the main victims, and where, family members may not be willing and or able to cater for any additional child - leaving older members to cater for them. These may not provide effective parenting. In such situations there is reluctance to take in any additional orphans hence social support may be minimal.

HIV/AIDS in Uganda is commonly spread through heterosexual relationships and by the very nature of the disease, the likelihood of both parents in a family being infected is very high (Piot & Carael, 1988a; McGrath et al, 1993; Wehrwein, 1999). Since, those dying from AIDS are mainly people in the prime of their lives who are often parents - a major impact though less known among others, is to create orphans. There are no reliable estimates or projections of numbers of orphans, and no one knows exactly how many children have been orphaned by AIDS world wide. UNAIDS estimates that between the beginning of the epidemic and the end of 1997, 8.2 million children had lost their mother before they turned 15. Mann & Tarantola (1996), argued that looking at the age range of the victims (15-45 years old) there was a high

risk of becoming orphaned and that the risk might be as much as 50% in some areas. They estimated that by the year 2000 the number of orphans by HIV/AIDS in Africa would range from five to ten million. However, the W.H.O. estimated that by the year 2000, the number of AIDS orphans in the world would reach 10 to 15 million and that 90% of these would be in Africa (Foster et al., 1997, UNAIDS, 1999). According to The United States Agency for International Development Report: "Children on the Brink 2000" there are now 16 million African children who have lost at least one parent to AIDS (<http://CNN.com>, 00).

Following the trend of HIV/AIDS infection it would not be incorrect to say that the numbers of orphans continues to rise as little can be done to halt or reverse the present situation. Even with the observation that the rate of new infections is declining in some countries such as Uganda, the proportion of children orphaned through AIDS will continue to increase for decades and the suffering will remain. It has been pointed out by Garry Howe, director of the African division of the United Nations' International Fund for Agricultural Development that *"Our fear is for the future. Even if the infection rate drops now, you will have a backlog of infected population"* (Daily Mail and Guardian, Feb 17 2000). According to the Ugandan definition of orphans, the 1991 census showed that 1.48 million children met this definition, the main causes being AIDS and civil disturbance. At present 11% of Uganda's children are AIDS orphans, the highest percentage in the world (UNAIDS 1999, Maxwell, 2000).

Although it has been reported that the rate of infection has dropped since 1993 the government estimate of 1.5 million orphans is still staggering (ABCNEWS.COM, March 2000). However a lot of criticism has been levelled at the way that AIDS statistics have been computed especially in Africa. The criterion for HIV/AIDS diagnosis is different not only from the West and from the developing countries, but

also from one African country to another. For example, in Uganda and Tanzania different symptoms were used to diagnose people with HIV/AIDS. In the case of orphan statistics, competing definitions of the term “orphan” have resulted in different projections and estimates in the numbers of orphans (Daily Mail & Guardian, Johannesburg, South Africa Jan 18 2000)

However what is more important is that it is very likely that a large number of these children are in school. In Uganda, education is perceived as invaluable because for many it is the way out of poverty and traditional styles of life. The Ugandan community takes education as a priority and therefore makes an effort to send their children to school. What is not clearly evident is what the schools are doing to help school children orphaned through AIDS. The situation now is that these children face serious emotional problems. They are under stress and frustrated and in most cases in the care of those least prepared for such responsibilities such as older siblings or even aged grandparents. As noted by Barnett & Blaike (1992:120), "*There was anecdotal evidence that since orphans from grandparent families were not disciplined enough to accept and respect school authority they were more likely to drop out of school.*"

In addition, the long illness and death of parents may affect the child's performance at school arising from a number of factors from emotional stress and absenteeism, to lack of financial resources or even lack of motivation. In a household of four children, aged 11, 8, 6, and 3 it was noted that their schooling was seriously interrupted by the lengthy illness of their father and mother. By the time of their parents' death, the three oldest children were still in the first class of primary school. In another household of six children who were not thriving well physically, looked after by a boy of 12, the local headmaster commented that three of the children attended school irregularly and

in shabby uniforms, while a guardian acknowledged that such children, especially boys felt rebellious (Barnett & Blaike, 1992).

Foster et al (1997) noted that such children faced problems of school fees, lack of support from extended families, different lifestyles from other children, a heavy load of domestic chores, and difficult relationships with new guardians - some or all of which may have an effect on their schooling. It was also noted that psychological problems were less obvious than material ones: *"One boy stated his stepmother mistreated him whereon a 12-year boy started crying and continued sobbing throughout the rest of the discussion"*(Foster et al, 1997:397).

It has also been noted that stigmatisation is attached to AIDS and people feel reluctant to be identified as a PWA (Person with AIDS) or even a close relative, let alone a child of a PWA. In such a situation one finds that the teachers and the school administration, apart from not being aware of such children, may be uncomfortable in identifying and addressing such issues and therefore provision of appropriate services and help for the children may not be available. However, long gone are the days when schools are seen as responsible for only academic achievement. It is now recognised that schools are also responsible for the physical, social and emotional development of the child because they influence and have impact on each other and on their academic achievement (Ugandan 1992 White paper, Reid 1986). Schools should be committed to *"the all round well-being and development of the child as a person"* (Best 1995:3-4).

It has been recommended that ethnographic approaches in studying AIDS related issues from socio-economic and religious perspectives are needed to further understanding and analysis of the AIDS epidemic (Bond et al, 1997:85).

Further, although a number of studies have been carried out on bereavement there is still a wide gap in the study of bereavement due to AIDS. Moreover, a good number, if not most, of these research studies have been carried out in the West.

While acknowledging the effects some variables may have on school achievement and coping, such as like personality, ability and other factors, I consider that investigation into the problems that students face due to loss of parents through AIDS and the resources open and available to them will not only enhance our understanding of bereavement due to AIDS, but also suggest ways in which such children can be helped to cope with the loss.

1.3 Aims and objectives of the study

This research does not aim to investigate any major hypotheses. Rather, the main interest is to investigate the problems students face both at school and outside the school as a result of the loss of both parents to HIV/AIDS and whether there are any significant differences between the AIDS orphans and other children in the class. In doing this, therefore, there is need to address the following objectives:

- (1) To investigate what problems AIDS orphans face
- (2) To investigate the effect of loss of parents through AIDS on the children's self-esteem and school progress and performance.
- (3) To investigate whether there are any significant differences between the AIDS orphans and other children in relation to self-esteem, school progress and work at school.
- (4) To investigate the attitudes and opinions of head teachers, teachers and significant others towards the AIDS orphans and the problem of AIDS orphans in schools.

(5) To investigate the relationship between the gender of the children and bereavement through AIDS. In most communities especially in Africa, female children are treated differently from male children. For example older female children are expected to care for the younger ones and also help with the domestic chores. Their education may not be given as much priority as education for male children. After the death of parents, given financial problems within the family and care for home and family may disadvantage the female child.

(6) To investigate the relationship between the socio-economic status of the child and his/her family and bereavement through AIDS. Past studies indicate that the presence of hardships following the death of a significant other makes coping with loss more difficult. The study accordingly will try to establish whether children of a high social economic status are advantaged in their adjustment and in coping with the loss of parents through AIDS over children of low social economic status.

(7) Studies in bereavement indicate that social networks and family support play an important part in their lives. Social networks, which include the school, can either help the child cope with death or frustrate the process of adjustment. It is in this light that the study will investigate what schools are doing to help such children.

1.4 Significance of the study

This research attempts to make a small contribution to the understanding of the trauma and problems faced by orphans due to the loss of parents to AIDS. As a Ugandan female educational psychologist engaged in teacher training for secondary schools, I feel that this study may be significant to educators in particular teachers and administrators. It not only provides an understanding of the plight of orphans and their behaviour at school but may also shed light on ways in which such children may be helped to cope with the loss. It may also be beneficial to non-governmental

organisations (NGO's), the Ministry of Education in Uganda and all those involved with such children in one way or another, and above all I hope it will be beneficial to the orphans who are victims of the HIV/AIDS pandemic.

1.5 Organisation of the research

The whole study was organised in three phases. The first phase focussed on the background reading, preparation of the literature review and the fieldwork design. Phase two concentrated on the collection of data through the fieldwork conducted in Uganda. The third phase was transcribing and analysing the findings. This study utilised both qualitative and quantitative research methods in the collection of data. Semi-structured interview techniques were used to gain information from relevant respondents. However, quantitative data were also used to support and complement qualitative findings and also to test associations. This is explained further in chapter three.

1.6 Organisation of the study

This study begins with this introductory chapter discussing the background briefly. The aims and objectives and the significance of the study have been stated. Further to this introductory chapter, chapter two reviews the related literature on bereavement and HIV/AIDS with a broad discussion on conceptual frameworks of bereavement, theoretical framework and HIV/AIDS and bereavement. Research methodology will be discussed in chapter three, focusing on the main research methods that will be used in this study. It will also explain the scope of the investigation and procedures for collecting data. Data analysis and findings from interviews with adults in the school; headteachers, teachers and a counsellor will be presented in chapter four. In chapter five data analysis and findings with AIDS orphans and adults outside the school will

be presented and in chapter six findings from the two previous chapters are discussed across schools. Chapter seven presents the analysis and data findings of the questionnaires across schools. Finally, chapter eight presents the conclusions, discussions and implications of the research.

CHAPTER TWO

LITERATURE REVIEW

This chapter reviews the literature related to the study. The first section of this chapter presents the theoretical frameworks of explanations of bereavement namely, the transcultural model, the psychodynamic model, the attachment model, the personal construct model, the physiological model and the stress model. The second section explores the factors that affect coping with bereavement. There are a number of factors that influence the way in which people adjust to bereavement. These include such factors relating to the personal nature of the individual, to the circumstances of the bereavement and the environment. One of these factors related to the environment is family and social support. As a psychologist, training teachers for secondary school, I am more interested in the school as a social support for bereaved students. If factors are not conducive for the adjustment to bereavement they become “risk” factors to the adjustment of the individual.

Since the study focuses on secondary school children, literature on adolescents' growth and development and their understanding of death and also the effects of bereavement on adolescents are examined in the third section.

The number of adults losing their lives to AIDS in Uganda is very high and that the number of orphans is increasing. The fourth section in this light discusses HIV/AIDS and the orphan problem in Uganda.

2.1 Explanations for bereavement

This section presents the theoretical frameworks of the explanations of bereavement and the sub-sections are presented accordingly, that is, the transcultural model, the psycho-dynamic model, the attachment model, the personal construct model, the physiological model and the stress model. In this thesis I adopt the position that family and social support are fundamental during bereavement.

Bereavement is" *the state of having lost something, whether it be significant things, or own sense of will which leads to grief and mourning*" (Goldman, 1996:5). Grief is the human reaction to loss (Brown, 1999) and mourning is the way this internalised reaction to the loss is externally expressed (Goldman, 1996).

A number of conceptual frameworks have been advanced to explain the processes of adaptation to loss. These include the trans-cultural model; the psychodynamic model the attachment model, the personal construct model, models that view grief as a "disease" and the stress model.

2.1.1 The trans-cultural model

The transcultural model argues that emotional response following the death of a loved one is basically human, and that it is exhibited in different cultures with more or less the same reactions. Studies on individual grief and mourning in a number of cultures found that the bereaved expressed similar emotional responses. They found that almost everywhere women cried following a death and that anger and aggression were common (Rosenblatt et al, 1976). Another study gave a detailed description of mourning in the Yolngu Aboriginal tribe of Australia, women usually cry and fling themselves on the ground and that aggression and anger is expressed in the ceremonies and rituals that follow the death (Reid 1979). Steele (1977) also gives a similar picture of the Maya culture and many other studies in other societies agree

that these reactions and processes are basic to many cultures. It is also pointed out that funeral ceremonies and rituals with crying, anger and sometimes aggression to let out emotional feelings is a helpful process during bereavement (Steele 1977, Reid 1979, Bowlby 1980). It has been noted many of these ceremonies and rituals in other cultures fit better with the emotional needs of the bereaved than do those of the present western world because " *they provide ...direct and ritualised expression of anger as well as the open expression of sadness and crying*" (Raphael 1994:65). Although these descriptions of the rituals do not give an explanation of bereavement they show that bereavement is universal, that it involves some basic processes and that these should be left to run their course in order to facilitate a transition into life without the deceased. For example, in many cultures there is usually a final post-burial ceremony. This serves to acknowledge the finality of the death and it encourages the bereaved to accept the loss and establish new links in life.

Averill (1968) similarly argued that psychological and physiological reactions to grief are universal among humans and also higher primates. He suggested however, that adaptation to bereavement is a biological instinct that serves an evolutionary function of ensuring the maintenance of social bonds that are necessary for survival. In the course of bereavement, individuals experience grief and sadness and in order to minimise the pain they are drawn towards the social group.

2.1.2 The psycho-dynamic model

The psychodynamic model emanated from the work of Sigmund Freud's classic paper "Mourning and Melancholia" (1917). He suggested that one goes through a "painful psychological process" in giving up a loved object. This is because of identification with the lost object. Although Freud's earlier work suggested that identification occurred only in pathological mourning, he later extended it to all object losses. Freud

further suggested that with the loss of an object, reality forces the libido to withdraw from the lost object resulting in a painful process evident during mourning. However, with time and the gradual process of mourning, these ties of identification are withdrawn from the lost object into new object relationships. This is more or less similar to the attachment model in that the individual has to adapt to the new situation in other words to withdraw from the lost object. Freud noted too that at other times the individual might try to avoid the painful process by the use of defence mechanisms such as denial. Central to his psychoanalysis theory is the power of ambivalence (the side-by-side existence of love and hate). He maintained that during bereavement these feelings become more pronounced, leading to inner turmoil, depression and loss of self-respect; he termed this "pathological mourning". A number of studies and work emanate from the work of Freud. For example, Abraham & Whitock, (1969), contended those ambivalent feelings is present not only during melancholia but also during normal mourning. What distinguishes the two, however, is that while in normal mourning the positive feelings out-weigh the negative ones, in melancholia the negative feelings out-weigh the positive ones. Fenschel (1945) summarised the process of mourning as two processes,

"The first is the establishment of an introjection; the second the loosening of the binding to the introjected object"(cited in Raphael 1994:67)

Loewald (1962), on the internalisation of the mourning process during bereavement likened it to the "oedipus complex" that results in the development of the super-ego. In mourning internalisation may result in the adoption of ego ideals or punitive aspects of the lost object. In cases where identification is with punitive aspects of the lost object, for example the lost objects past illness or death, it may lead to pathological mourning. Freud pointed out that normal grief *"was not an unhealthy*

condition" (Brown, 1999:ix). Freud further believed that no intervention was necessary during normal grief and mourning and that it should be left to run its own course. However, Bowlby (1980) contested that this was based on clinical studies, which attempted to understand depression rather than the normal process of responses to loss. According to Freud, mourning serves the function of detaching the bereaved's memories and hopes from the dead and accepting that the person has died. All attachments have to be severed from the dead. This takes a long time and involves much pain and emotional effort. However, when the individual manages to do this it results in a positive outcome to grief. Freud termed this process of mourning "grief work".

However, Walter (1996a: 7) argues that the purpose of grief is not "*to move on and live without the deceased*". It is the enabling of the integration of the memory of the deceased in the lives of the bereaved individuals and that this could be achieved through conversation with others that knew the deceased.

2.1.3 The Attachment model

The Attachment model principally developed by Bowlby (1977:203), states that, in the course of healthy development, people develop affection bonds or attachments. This is evident between child and parent and later between adult and adult.

Bowlby (1977:203) noted "*the formation, the maintenance, the disruption and the renewal of attachment relationships cause intense emotions*". Examples of these emotions can be seen as "falling in love" the formation of bonds and grief at the loss of such a bond. The depth of the attachment subsequently affects the intensity of the pain experienced with loss of an object.

The individual during bereavement passes through a "grief process". The grief process refers to" the inner turmoil that follows bereavement and the individual's

subsequent adaptation to the new situation"(Rees, 1997:109). With loss, individuals experience emotions like anger and sorrow. Bowlby (1961) identified four successive stages of grief: numbness, yearning and searching, disorganisation and despair, and reorganisation of behaviour. He pointed out, however, that this applies to individuals who have lost meaningful and important relationships.

Mourning usually begins with a feeling of emptiness where everything seems unreal. The time-span of this period is not constant; it may take a few hours or last for months. The individual may be in a state of disbelief. However, as the numbness wears off then, according to Bowlby, the individual experiences anxiety and pain. The individual yearns for the deceased. This stage is characterised by crying and anger. Bowlby, like Freud, recognised anger as an important aspect of grief and that if left unexpressed it may be internalised, leading to feelings of guilt and self reproach. The grief process also involves searching for the deceased, thinking a lot about the deceased, calling out his/her name and focusing attention on those aspects that act as a reminder of the deceased. This is in contrast to Freud's assumption that the function of mourning is to draw away memories and hope from the deceased. Parkes (1970) viewed it as a necessary process that helps the bereaved "unlearn" their attachment to the deceased.

In the third stage, that of disorganisation and despair, the loss is now in process of being accepted and the search for the deceased is abandoned. The individual now assesses the new position and pattern of life. She/he may experience moods of depression but according to Bowlby, this does not indicate an illness but a state of disorganisation, which serves to help adaptation. The process of finding one's "new" self and place in society and detaching oneself from the deceased, if not adjusted to, complicates the process of grief and bereavement. However other findings have

suggested that, maintaining an attachment to the deceased facilitates a sense of personal identity and reorganisation in the lives of the bereaved (Glick et al, 1974). Bowlby later accepted this finding.

The last stage involves reorganisation of behaviour in line with the present situation. With time the bereaved changes his/her behaviour and attitude to that of acceptance to the loss. With the new attachments, new bonds are formed or previous ones may exist in another form. It was noted that, though ideally recovery involves complete acceptance of the loss and the reintegration of personality, this should not be expected in all cases. An individual may have moved to a new way of life but may still experience grief at the thought of the loss.

Marris (1986), on attachments argues that, when we experience loss the meaning of our purposes and expectations in that particular relationship and attachment disintegrates. According to him, "*change is loss, and loss is change*" in that we have to adjust "*to the loss of familiar patterns around which we have organised our lives*" and "*that any loss will inevitably bring in its wake changes both internal and external to all those affected by it*". Loss poses a threat to the individual characterised by intense anxiety, restlessness and despair. Grief is a response to loss of meaning and that it involves a discovery of what other things in life can still mean to the individual (Marris, 1986).

2.1.4 Personal construct model

Other psychologists have also made important contributions to the understanding of bereavement. The personal construct model maintains that explanations of bereavement are a result of change in the personal construct of the individual. Lewin (1939) pointed out that individuals have assumptions and expectations about themselves and others. These emanate from previous experience with the world

around them. These experiences are then internalised in the form of cognitions. When loss occurs then the individual moves to a state of dis-equilibrium because the individual has to redefine and modify these constructs that were once held. The individual has now to redefine the sets of assumptions once held, which include the lost object, to a new set of assumptions in accordance with the present situation without the lost object. (Parkes, 1970). The individual has to reorient him/herself, recognise what is happening around them and plan their behaviour accordingly (Morgan et. al 1993). The view of the self and identity of the bereaved may be dependant on the deceased and with the loss of this figure the bereaved has to undo all these assumptions and hence develop a new and different view of the self- a difficult process for the bereaved (Parkes, 1972b). Similarly, Woodfield & Viney (1982) postulate that psychological changes that occur after bereavement are as a result of changes in the personal constructs of the individual during bereavement. These changes they further maintained, are as a result of " concurrent processes of personal construct dislocation and adaptation" and that assimilation of changes may be represented by denial, hostility and idealisation while accommodation to changes may be represented by change in, and elaboration of the bereaved's personal construct system.

Grief on another hand may be viewed as an illness and disease (Engel 1961, Parkes 1972b, Lindemann, 1944). Lindemann in his "Symptomology and management of acute grief", based on his experience with bereaved individuals as a result of war, psychiatric patients and victims of the Coconut Grove Fire, listed a number of reactions of the individuals, which he described as "syndromes". Although he made no attempt to distinguish the reactions of the individuals and the nature of the loss, nevertheless his work helped in understanding and clarifying the differences between

“normal” and “atypical” or “abnormal” grief. Lindemann maintained that, physical distress, preoccupation with the image of the deceased; guilt, hostility and loss of established pattern of conduct are usually present in normal grief. Guilt, hostile reactions and preoccupation with the deceased are in line with the psychoanalytic model and Lindemann used therapeutic technique to uncover ambivalent feelings the bereaved had towards the dead person in order to help them resolve inner conflict. Lindemann also emphasised the physical distress and changes of established patterns in behaviour following bereavement. He maintained that normal activities were dependent on the meaningful relationship that existed with the deceased and hence with the loss of this relationship these activities lose meaning and significance. Physical distress like exhaustion, weakness, loss of appetite and sighing were common. Other symptoms include sense of unreality, restlessness, rush of speech when talking about the deceased and a painful incapacity to initiate and maintain normal patterns of behaviour" (Rees, 1997:107).

On the other hand atypical grief is due to the suppression of the normal grief processes. Many reasons can be accounted for this suppression: it may be deliberate or unconscious, the bereaved may not want to upset others by displaying emotions, or that others do not expect it from the individual (cultural expectations), or that the individual is naturally undemonstrative. Whatever reasons it may be due to, grief work is postponed and hence the loosening of the links with the deceased is also postponed. In cases like this grief may last longer. What may trigger the acceptance of the loss may be other events like another less significant loss or an anniversary associated with the deceased. Grief reactions in this case can be expected even if there has been no marked distress after a major loss. Another important aspect in the work of Lindemann (1944) is his belief that the severity of grief reaction can be predicted.

If the relationship was strong and the role the deceased held was major it is more likely that the grieving process will be more difficult. Lindemann (1944) was also the first person to describe “ anticipatory grief”. This is when people who expect loss under take their grief work before the person actually dies and as a result come to terms with the loss faster. Though this has its advantages a major disadvantage is that in case of unexpected recovery then the bonds that had been severed need to be reformed. Engel (1961) argued in his paper "Grief as a disease process" that there are similarities between grief and other situations referred to as "disease". The similarities can be seen in the way in which they produced suffering and impairment of the capacity to function. He also drew attention to the usefulness of a disease concept in facilitating the scientific study of grief. Parkes, (1972b), similarly views grief as a physical injury which may heal gradually, or heal with complications, fail to heal or re-open. Further, he also contends that it is a “*functional psychiatric disorder whose cause is known, whose features are distinctive, and whose course is usually predictive*” (Parkes, 1972b: 6). It has been noted that the bereaved turn to others for help, medical personnel inclusive and that though prescribed and non-prescribed medications may be used, it might have little positive effect (Maddison and Raphael 1977; Boman, Steiner, and Perkins 1981 cited in Raphael 1994).

2.1.5 The stress model

The stress model contends that loss of a significant person in the life of an individual is a major stress factor making the individual vulnerable. Caplan (1968) perceived it as an accidental crisis where the individual is thrown in a state of helplessness and where the individuals coping strategies are not adequate in mastering the problem. He/She therefore has to turn to others for help and the way they respond is an

important factor in the process of adaptation to the loss. Two important points propounded in this model are that

"...The crises may reawaken experiences from similar crises, in this case losses, and the outcome of the crisis may be very dependant on the quality of social support available to the person during the time of the crisis"
(Raphael, 1994:70).

This model or theory has been widely used in studies of bereavement (Maddison & Walker, 1967; Raphael ,1974b; 1977a; 1981) and support the fact that social support plays an important role in determining adaptation to loss.

Summary

Different explanations of bereavement and adaptation to loss have more or less focused on the different dimensions of the self to provide an understanding of the process of bereavement. For example while some have focused on the cognitive aspect, others focused on emotional aspects and others, on the sociological nature of the self. However, I agree with Martin et al's (1998) view that grief involves " *the emotional, physical, intellectual, behavioural and spiritual process of adjusting to loss of someone or something of personal value*". I hold the position that aspects of the self interplay with one another in the process of grief and subsequently adjustment, that it is almost impossible to hold one constant.

Drawing from the transcultural model we find that in most, if not all tribes in Uganda there are funeral ceremonies and rituals that fit into those described above. For example in the Baganda the largest tribe in Uganda open display of emotions are common and women weep and fling themselves on the ground. There is also the last funeral rite where the whole clan meets to pay its respects and where the heir to the family is publicly announced. This it could be argued marks the finality of the loss to

the bereaved, and a beginning of a "new" life without the deceased and it has been argued that it is an important source of support to the bereaved (Gorer, 1965). What is interesting to note is that inherent in almost all the models is the notion that there has to be a "new beginning" for example, cognitively, behaviourally, emotionally and also socially. Hence the individual must form new attachments, new cognition and behave in accordance with the present situation. But man is a social animal and lives in a social milieu: he/she acts and is acted upon by the environment in which he/she lives. The way in which the individual will cope and adjust to loss not only depends on his/her personal abilities but also how the environment reacts to the individual. Although I acknowledge the wide array of explanations to bereavement, I am more inclined to the stress model and particularly adopt the position that availability and quality of social support and significant others available to the AIDS orphans may be a significant factor to the way they cope with the loss of their parents.

2.2 Adolescents and bereavement

Section 2.2 reviews the effect of bereavement on individuals, as noted earlier this study deals with secondary school AIDS orphans hence it focuses on adolescents. This section is further divided into sub-sections under the following headings: Factors that affect how individuals cope with bereavement, Adolescents growth and development, Adolescents understanding of death and Effects of bereavement on adolescents.

2.2.1 Factors that affect how individuals cope with bereavement

There are a number of variables that affect bereavement, these include age, home and family circumstances, strength of family ties, emotional and financial status, the support of relatives, personality, spiritual upbringing and the way death comes

(Wynne-Jones, 1985; Raphael, 1994; Corr & Balk, 1996). This section presents a discussion of the variables that affect coping with the bereavement under different sub-sections. The variables affecting adjustment to bereavement were elaborated thus:

"(a) The availability of social support resources, perceived as familiar and safe, and the adolescent's willingness to use such resources when available; (b) the openness of communication within the family including the availability of appropriate information about the death and the deceased; the availability of a surviving parent and other family members to provide stability and continuity in day-to-day life; (d) the existence of an emotional context in which the distress of bereavement can be expressed which involves the cohesiveness and warmth of the family; and (5) subsequent hardships or benefits affecting the adolescent's life that can accrue from the presence or absence of the above factors" (Corr & Balk, 1996:163).

2.2.1.1 Family support and bereavement

One of the developmental characteristics as earlier mentioned, is the adolescent's search for identity: the death of a parent may disrupt this development. It has been argued that the search for this identity can be facilitated by a "known stable, and dependable family system" (Tyson-Rayson, 1996). For example the extended family can act as a buffer against the feelings of loss and helplessness and help the adolescent to explore new roles and relationships. Communications about the deceased with family also help in resolving bereavement. "Reflecting and remembering are critical components of the bereavement process and the surviving parent should develop a language to talk about the bereaved (Silverman & Worden,

1993). It is argued here that the other family members should take this place especially the guardians of the AIDS orphans. *It also helps to involve adolescents in decision making process and other bereavement related processes like responsibility allocation which helps them learn ways to cope effectively with loss and crisis* (Tyson-Rawson, 1996).

Gender role and stereo-typing in the family may also have an influence on bereavement experience in that girls may take up responsibility of other family members, like younger siblings, resulting in less time for other relationships and activities outside the home (Silverman & Worden 1993). Empirical findings also indicate that when the surviving parent is female, children talk more about their feelings while when the surviving parent is male usually there are few changes in the day-to-day routines of the child (financial status does not change much). This is a prerequisite to optimal outcome of bereavement.

Chaos and wrangles in the family also makes coping very difficult because the adolescent becomes distrustful of the family members and is not sure to turn to whom for support.

2.2.1.2 Social support and bereavement

McCubbin et al (1984) define social support as those behavioural and attitudinal communications that convey "emotional" "esteem" and "network support. These include family members, friends of the family, peers, schools, religious leaders or even governments. Open communication with the bereaved and letting them know that *"they are part of a larger community that values, understands, and cares about their loss and is available to them in time of need"* (Tyson-Rawson, 1996; Balk 1996:164). A number of studies cite communication as an important buffer for bereaved adolescents (LaGrand 1981, Balk, 1991). In a study (Balk, 1991), student

participants in bereavement support groups at Kansas state University found that talking to others whose experiences were similar, helpful.

Talking enables them to realise that what they are experiencing are normal reactions to loss and grief and that this does not make them "different". In a study (Foster et al 1997), on children and community members perceptions concerning the circumstances of orphans in Zimbabwe found that community participation which included moral support, support groups, income generating activities, free education, material support from teachers and the church and active orphan visiting programmes not only encouraged humane attitudes towards the orphans but also greatly contributed to the children's welfare and made coping with the loss less difficult.

Teachers/schools do have a part to play in the lives of these children while they are at school in this respect. It has been argued that,

"A high school teacher must be aware that it is quite likely that one or more of the students in every class they teach has suffered the death of a parent. These deaths have an impact on the learning process and should be subject of dialogue between teachers and parents" (Doka 1995:98)

And that,

"Without the awareness that grief in itself creates in-attentiveness and inability to sit still and concentrate, children can be misdiagnosed with some sort of learning disability." (Goldman, 1996:146).

Further as role models, teachers have a responsibility to respond to school-related death in a positive way. They are also responsible for spiritual, moral, cultural, mental and physical development of pupils and preparation for opportunities, responsibilities and experiences of adult life. Children need adult advocates at school available to

listen, and relate to when the need arises (Goldman, 1996). For schools to respond positively to school-related death and to support bereaved children there is a need to develop a philosophy among staff to talk openly to bereaved children and to be sensitive to their needs. Further more, *"Inability to discuss these topics openly with kids creates an atmosphere of secrecy, loneliness, and isolation far more damaging than the actual death of someone close to them."* (Goldman, 1996:12).

As rightly noted by Corr & Balk (1996), teachers do have some background in child or developmental psychology but have no formal training in death education because teacher preparation programs have not realised the need to prepare teachers on how to cope with the impact of death in the classroom.

It was noted that whilst there was lack of training for teachers on how to deal with loss and bereavement in the classroom, teachers recognised that they had an obligation to provide support. However they were not sure of how the topic of bereavement could be included in the curriculum, in which field or subject and moreover in an already over crowded curriculum. (Holland & Ludford, 1995). Death Education is that formal instruction which deals with dying, death, loss, grief and their impact on individual and humankind (Stevenson, 1984). This may occur at home, in school, or in religious institutions.

Nevertheless, teachers/schools should be able to help such students at least by being aware of how to avoid adding to the students' problems. This study therefore seeks to find out whether teachers are aware of bereaved children in their class/school, their attitude to such children, whether they feel they have a role to play and whether they feel that the school should intervene. Further, since social networks have been cited as critical aspects in the facilitation and adjustment to loss the study will investigate what is being done in and outside schools to help these children cope with

bereavement. The study will also investigate what more can be done to help these children.

2.2.1.3 Relationship between the deceased and the bereaved

Though adolescents are in that stage of development that progresses to adulthood and are beginning to develop a sense of identity and independence, most are still heavily dependent on parents for not only material but also emotional support. Hence, the death of a parent can be devastating emotionally and disrupt their day-to-day activities especially if the family faces financial problems. It has been argued that coping or adaptation to the loss also depends on the existing relationship between the bereaved and the deceased, for example if the relationship was that of hostility it might generate guilty feelings. These feelings become a source of distress and makes coping and the adjustment more difficult (Raphael 1994, Corr & Balk, 1996)

2.2.1.4 Previous losses

Previous research indicates that when children face a number of losses it may produce a fear of abandonment and self doubt and that this reduces their ability to cope with subsequent losses. Suffice to note that the present study will investigate the problems adolescents' face when they loose both parents to AIDS. Not much research has been done on AIDS and bereavement but it has been argued that in such long illnesses like cancer and AIDS though death is expected bereavement is usually put off until after death. The bereaved may have undergone an emotional drain, is under stress and highly vulnerable, hence, another loss of the same kind can be very devastating. (Goldman, 1996).

2.2.1.5 The way in which the loss takes place

Deaths that occur suddenly and unexpectedly and those associated with long illnesses may lead to poor adaptation. Adjustment can be complicated if it involves a series of deaths and if a death occurs much before or long after it is expected (Rando, 1985). The circumstance under which the death occurs is also another factor that affects the outcome of bereavement. It has been aptly stated that

"Social stigma and shame frequently accompany deaths related to AIDS, suicide.... Children as well as adults often feel embarrassed to speak of these issues. They remain silent out of fear of being ridiculed or ostracised. These suppressed feelings get projected outwardly into others in form of rage or inwardly towards themselves in form of self-hatred. Often these kids feel lonely and isolated."(Goldman, 1996:8).

The bereaved then becomes what is known as “disfranchised grievers”. Disfranchised grief can be defined as “the grief that a person experience when they occur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported” (Doka, 1989b: 4)

"Given the stigma attached to the disease, many grieverers may feel that they cannot publicly acknowledge the loss of someone who died of AIDS, depriving themselves of the opportunity to mourn and seek support."(Grollman, 1995:39).

In this respect the deaths may not be well recognised, or associated with stigma attached to People living with AIDS, which may affect AIDS orphans too (Goffman, 1963). The study investigates how this affects AIDS orphans

2.2.1.6 Socio-demographic factors

Variables like age, sex, time since death; religion, culture and socio-economic status have been cited as factors that affect coping with loss. Ankrah (1993) noted that loss of family income during and after death of parents might leave a family in difficult financial situation especially in urban settings where kinship support is less cohesive and that in such situations coping is very difficult.

Religion may play a part in helping the bereaved cope with loss especially during the commemoration of the loss of a loved one formally and informally. (Doka, 1995). It may give meaning to the death of the deceased and also meanings to the life of the bereaved to enable him/her continue with life.

A number of studies indicate that coping during bereavement is gender related (Raphael, 1983; Fleming & Adolph, 1986). While female adolescents reach out for support and consolation, males are usually aggressive, test authority figures and are more likely to self medicate using drugs and alcohol, which negatively affects their adjustment to loss. Moreover cultural patterns discourages males against expressions of grief; hence, they may not reach out for help when it is available. However, as rightly noted, there are many questions left to be answered in the field of adolescent bereavement and that there is need to expand and refine models of bereavement that specify the differential effects of loss. For example, bereavement experiences for male versus females (Corr & Balk, 1996).

Summary

There are a number of factors that affect how an individual copes with bereavement as pointed out above these include the availability of family and social support, the relationship between the bereaved and the deceased, the way in which the loss occurs, previous losses, the type of death and socio-demographic factors. It has been pointed out that when families or social networks support bereaved members whether emotionally or physically, this makes adjustment to the loss easier. This is particularly important in the case of adolescents. At this vulnerable time they need to know that someone is there for them and that it is important to keep avenues of communication open. This not only helps them understand that what they are going through is normal, but in the case of AIDS orphans it is a way through which they can channel their

anxieties. If there was a strong relationship between the deceased and the bereaved this may complicate the adjustment of the bereaved and hence adjustment to the loss may be more difficult. In cases of multiple or previous losses and also the way in which the death comes, such as in cases of AIDS orphans, their coping resources may be already stretched leaving them vulnerable. The study in the light of this, will investigate what is available to AIDS orphans in secondary schools and what factors helped them to cope with the loss of their parents.

2.2.2 Adolescents growth and development

This study will deal with children between 13 to 17 years, a period which falls under what is normally termed the adolescent period. Adolescence is usually used to describe the period in human growth and development between childhood and adulthood. It is a time when children move towards assuming responsibilities and status of full adults.

The term adolescence comes from a Latin root (adolescentia), which refers to the process of growing up. It is used to describe a "youth" or people in the growing age (Simpson & Weiner, 1989).

As rightly noted there are no clear demarcations between childhood, adolescence, and adulthood, and although age is often used to describe these stages, it may not be an accurate indicator of developmental eras (Corr & Balk, 1996). Adolescence however, is usually designated to the period from 13 to 19 years of age. It is important to note that individuals are unique - even adolescents differ as they come with different life experiences, religions, culture, socio-economic status and so on. It has been proposed for example, that this era could be divided into three more specific developmental sub-periods of early, middle, and late adolescence each entailing different developmental tasks (Blos, 1941).

However, generally, physical, cognitive and social changes take place during adolescence. There is growth in height, weight and sexual characteristics leading to powerful sexual feelings and drives; their thought processes allow abstract thinking, reasoning and the separation of form from content (Inhelder & Piaget, 1958). Also as a transition into adult life, they are prepared and expected to accomplish certain social tasks demanded by culture and society. It is a time when they move towards a search of identity and an independent life. Studies on adolescents have yielded contrasting results: while others show that it is a time of turmoil, stress, disorders and other disruptive processes due to these developmental changes (Blos, 1979, Goodman 1960). However, others indicate that it is generally a smooth transition, a time of relative calm and stability other than one with “storm and stress” (Offer, 1969; Offer & Offer, 1975).

2.2.3 Adolescents’ understanding of death

Unlike childhood understanding and concept of death, adolescents understand and realise the reality, irreversibility and finality of death. Researchers generally agree that adolescents are capable of grasping the concept of death and its reality and its principle sub-concepts, such as universality and non-functionality. In a study of the childrens understanding of death in Taiwan, Sum (1999) found that adolescents could understand the four components of death (universality irreversibility, nonfunctionality and noncorporeal). However their reactions and coping strategies are less sophisticated than those of adults (Holland & Ludford, 1995).

2.2.4 Effects of bereavement on Adolescents

A number of studies cite school performance, self-esteem, and relationship with others and developmental tasks as some of the variables that are affected as a result of

bereavement in adolescence. As earlier noted, this study will investigate how the AIDS orphans are affected in this respect. A number of reactions have been noticed in bereaved schoolchildren in past studies.

2.2.4.1 School performance

"A students grief may be exhibited through poor academic performance, apathy, punishment seeking behaviour, changes in values, asking questions spreading rumours or use of "humour" (Doka, 1995:101-102).

Further, Grollman (1995), noted that children may drop in academic performance have somatic complaints, self-injurious behaviour, fight or they may not exhibit any change in behaviour.

It can be argued that death of a parent causes grief and sadness and it is this that has an impact on school performance. This is due to changes that are taking place in the life of adolescents which may range from living with new people and in different environments; or the child may move to a home, another school and even if these do not change, circumstances are already different therefore school work may be least on their minds. Krupnick (1984), noted that within the literature of childhood grief there is evidence to suggest that the death of a significant person greatly increases a child's susceptibility to school dysfunction and that the few studies that have addressed this issue in adolescents support this finding. Adolescents may exhibit shorter attention spans, forgetfulness, and low self confidence in accomplishing classroom tasks, absenteeism, disruptive class room behaviour, loss of interest in school (Corr & Balk, 1996) or changes in study habits (Balk 1981): all or some of these may be reflected in their school performance. Indeed findings on sibling bereavement (Balk 1981) and on parental bereavement (Gray, 1987a) and others (Grollman 1995, Doka 1995) noted a drop in academic performance in bereaved students. Balk (1981), found that changes

in study habits after death were reported by 23 participants (70% of his sample). Study habits of 19 participants resulted in lower grades. For most however, these returned to normal after some time.

Another reason that could be attributed to changes in academic performance is low attendance. In a study conducted by Kamali et al (1996), in rural Masaka district in Uganda, children of 9 years and more who had lost their parents had a lower rate of school attendance. In another study (Muller & Abbas, 1990) there was a negative relation between being orphaned and access to school education. Most children, who have lost their parents especially whose parents have gone through long period of illness, were academically "behind" in their schoolwork and if they returned to school the long period of stress, tension and uncertainty escalated their inability to cope.

However other studies (Balmer, 1992) found that the differences between grades before and after death of siblings when compared with non-bereaved adolescents were no different. It has been argued that these discrepancies emanated from the methods used in data collection. While Balmer (1992), used self-reports the other studies used report cards. The present study will use report cards to analyse the effect of bereavement on academic performance it will also use questionnaires and interviews. However it is borne in mind that grades alone may not be good indicators of whether the bereaved students are coping with the loss (Corr & Balk 1996). Gray (1981a), in his investigations found that participants 15 years of age or younger at the time of death reported grades that were significantly lower than those older at time of death, showing that age affected school performance among the bereaved (no control group was used).

2.2.4.2 Self-concept.

Investigators of the self-concept differ widely in the theoretical orientation and in the meaning they attach to this concept, which depends on particular phenomenon they are attempting to study. As rightly noted (Brookover, Erickson & Joiner, 1967) sometimes the only similarity found in one study and another is the use of the term "self concept". The term "self concept" is of recent origin (20-th century). Until then the self was described in terms of the "will", "soul", and "spirit" which could not be subjected to scientific study and therefore shunned by many psychologists.

However it was realised that there are some factors that cannot be explained "scientifically" measured but nevertheless influence behaviour and that personality, of which the self-concept is a major component, is one of them. There then re-emerged an interest in its study. James (1890) gave the term a deeper coverage. He asserted that the global self (Me and I) comprises of four components, spiritual self, material self, social self and bodily self and that the way that we perceived them affected our self esteem. On the other hand the Freudian and neo-Freudian theorists perceived the self as the ego. The ego is responsible for distinguishing between reality and imagination, and for thinking and perceiving and thereby directing behaviour. However even here the discrepancy in the definition of self-concept was seen. "Person" ^{so we} ~~at other~~ times was envisaged as that which maintains a balance between id and superego while at ^{another} times it was described as an executive power. Nevertheless all maintained that the self is learnt through the accumulation of social contacts and experience. Adding to the list of definitions, Allport (1955) used a new term to explain the "self" which he called "proprium". He asserted that it was all the ^{the} regions of one's life that was regarded as intimately and essentially personal. Erickson (1965) used the term ^{an} identity while others used "self-actualisation" (Maslow, 1954).

However self-concept is to describe the conceptualisation of the individual of his or herself (Burns, 1979:30). *"It is the set of cognition and feelings that each individual has about himself or herself,"* while self esteem refers to *"how positively individuals feel about themselves generally or about specific aspects of the self, such as self as physical being, self as social being, or self as student."*(Gall et al 1996:272). What is interesting to note is that even when referring to the self-concept we find that there are different dimensions involved, such as the physical, social, student or athlete (Mruk, 1999). Further still self esteem may vary in all or some of the different aspects within an individual. For example, one may have a high physical esteem but a low academic esteem.

Due to the wide array of meanings used to describe the self-concept, different researchers have developed their own instruments to measure this concept. This has raised a number of problems related to validity and reliability in that they are not adequately described, they are impossible to locate and therefore their replications are almost impossible, in fact some have been used only once (Wylie, 1961). Another problem found in the study of the self-concept is that the researcher has to depend on the subjects' interpretation of it and what the subject reports.

Burns (1979) noted that following the phenomenological approach towards self-concept, (which takes into account the individual meanings rather than what others may observe); *"The self concept must necessarily be inferred from the behaviour of the subject, and for research purposes this is essentially what the subject has to say about himself [sic] based on his private subjectively interpreted experiences"* nevertheless it has been argued that the one has a right to be believed when reporting about one's self (Allport, 1955). Combs & Soper (1957), contend that self-concept is how the individual sees his/her self while self-report is what the individual is willing

to say about him/ her self to someone else. The degree to which these two will collaborate depends on:

- (i) the clarity of the individual's awareness;
- (ii) the availability of adequate symbols for expression;
- (iii) the willingness of the individual to co-operate;
- (iv) social expectancy;
- (v) the individual's feeling of personal adequacy;
- (vi) and, one's feeling of freedom from threat.

Similarly, Cattell (1966:342) cites the following factors:

- (a) "lack of self knowledge;
- (b) distortion of responses by such factors as dishonesty, carelessness or ulterior motivation;
- (c) lack of true measurement continuum;
- (d) lack of understanding of what the question means"

Not all individuals are aware of themselves, their adequacies and inadequacies and therefore this lack of personal awareness of the self may pose a problem when the individual is asked to report about him/herself. Further still, since words are usually used to give self descriptions the individual may not possess suitable vocabulary to express his/her self concept and where meanings and interpretation of words are subtle it further complicates the problem. However in order to control this terms used should be explicitly defined. Self reports may also be affected by what we know others expect of us and therefore individuals may hide their true beliefs, or, it may be due to the fact that the individual feels he/she is under threat: she/he may decide to lie or not co-operate at all.

Self concept and academic achievement

It is now recognised that academic performance is not purely a function of cognition but a function of tangled variables such as social class, parental interest and also personality under which the self-concept is an important aspect. Staines (1958) noted that although teachers are hardly aware of the presence and force of the self-concept and self-esteem, it is present in nearly all learning situations and also a strong influence on learning. Many studies indicate that differences in self esteem result into differences in academic achievement: there is a significant relationship between low self-concept and academic under achievement. It was noted that under achievers had a low self concept than achievers, underachievers viewed themselves as less adequate than others, perceived peers and adults as less acceptable, demonstrated a less effective approach to problem solving, and demonstrated less freedom and adequacy of emotional expression. (Zimmerman & Allegrand, 1965; Jones & Grienecks, 1970; Simon & Simon, 1975).

Self-concept and Bereavement.

A number of studies have been carried out to investigate the psychological functioning following death of a significant one. These focus mainly on the issue of self-concept and self esteem. Several authors have noted that children view themselves more negatively after the death of a parent:

However other studies indicate that there are no significant differences between self concept scores of bereaved adolescents and non bereaved adolescents, to the contrary in some cases the bereaved respondents showed greater maturity self satisfaction self esteem and self concept (Balk 1981). In another study, it was found that time since death and gender affected self esteem: the shorter the time span after death the lower the self esteem and that females reported lower self esteem than males (Balmer 1992).

Bearing in mind that there is a stigma attached to the disease and that society has a negative attitude to those victims, also bearing in mind that society's and significant others' expectations have an influence on self esteem, the study ascertained the effects that bereavement due to AIDS has on the self concept and self esteem of the AIDS orphans. The study investigates particularly their social and academic esteem.

While previous studies have used standardised tests and semi-structured interviews, the present study employed the use of questionnaires and interviews to measure self-concept and esteem. I acknowledge the problems associated with the investigation of the self-concept and in order to minimise them the questionnaire was piloted (to minimise misunderstandings of the questions), subjects remained anonymous and terms used were explicitly defined. In fact Burns (1979) noted "*self report techniques are literally the only method available for measuring the self concept, and if they are to be rejected then psychology would seriously be limited.*"

2.2.4.3 Developmental aspects and maturity.

Ironical as it may seem "*Just as broken bones may end up stronger than unbroken ones so the experience of grieving can strengthen and bring maturity to those who have previously been protected from misfortune*" (Parkes 1972b:5-6). Attention to bereavement during adolescence as a serious life crisis is relatively new (Balk, 1991). However, it has been argued that even traumatic life events may act as turning points, which can evoke growth and maturity if responded to well or mal-development if responded poorly. Research show that adolescents who face life traumas such as death of a parent use it as means for growth, maturity and self awareness (Balk 1981,1991) moving to adulthood more quickly than their peers. Some studies however indicate complicated outcomes like major depressions (Gray 1981a). It has been argued that,

"The discovery of capabilities that characterise adult behaviour may come as a surprise to bereaved adolescents who are forced by the death of the parent to take on new responsibilities for their own welfare and often, that of other family members". (Corr & Balk, 1996:159).

2.2.4.4 Relationships with others.

Bereavement may affect relations between the bereaved and others. It is a time when the bereaved may be experiencing mixed emotions like guilt, anger and disruptive behaviours, which may result in unhealthy relationships with others. Bereaved adolescents may perceive themselves as different and may avoid peers and friends (Tyson-Rawson, 1996). At a time like this, bereaved adolescents may feel anger, tension, unsure of themselves and even rebellious. They may exhibit disruptive classroom behaviour, withdraw from school sports, engage in punishment seeking or even violent behaviour, which may cause difficult relationships with teachers and peers. It may be a time when all sense of meaning to their lives is disrupted and feel that they "have nothing to lose" if expelled from school.

Summary

In this section, adolescents' growth and development and their understanding of death have been presented. It has been noted that they are in transition to adulthood and that although they understand the concept of death their coping strategies for coping with death when it occurs are not as sophisticated as those of adults. It has been pointed out in this section, that bereavement affects adolescents in a number of ways such as school performance, self-concept and self-esteem, development and also their relationship with others.

2.3 Uganda

After a brief introduction to Uganda this section reviews the prevalent situation of HIV/AIDS in Uganda. Uganda is one of the success stories in the fight against HIV/AIDS and the reasons for this are discussed below. It also looks at the economic and social implications of HIV/AIDS in Uganda, the definition of AIDS orphans in Uganda, and what is being done to help AIDS orphans. The section then ends with a review of the issue of stigmatisation of people living with AIDS and what implications this has on the AIDS orphans.

2.3.1 A brief introduction

Uganda is situated in East Africa, a land-locked country lying astride the Equator more than 2000 km from the nearest ocean. It encloses a total area of 241,0138 sq. Km. with a population of about 19.9 million. Uganda is bordered by Sudan, Kenya, Tanzania, Zaire and Rwanda. Uganda contains more than 40 clearly ethnic groupings, the largest, the Bantu tribe live in the central, south and western parts of the country. The Baganda are the largest tribal group with 16% of the total, other main groups include Soga with 8%, Kiga 7%, Lango 6%, Gisu 5%, Acholi 4% and the Alur 4% (Morales et al, 1998). The name "Uganda" is derived from "Buganda" one of the strongest kingdoms, even during the colonial era. It is one of the least urbanised countries in Africa, almost 90% of Uganda's population live in rural areas.

Between 1962, when Uganda gained her independence, till 1986, national leadership has changed seven times. This led to hundreds of thousands of deaths and a devastation of the country's infrastructure. In 1986 the National Resistance Movement (N.R.M.) under Yoweri Kaguta Museveni after five years of guerrilla war assumed leadership. Since then, the internal security situation has much improved though there is still insurgency and rebel activities as well as cattle raiding in some parts of the

north and north eastern parts of the country. Uganda is presently divided into 39 administrative districts. Districts are further divided into counties, sub-counties, parishes and villages. The NRM developed a decentralised political system of local councils and committees (LC). LC1 is the village level, LC2 is the parish level, LC3 the sub-county level LC4 the county and LC5 the district committee. As of 1994 the Vice Chairperson at each level of the LC system is responsible for the needs and concerns of children. The LCs are also responsible for identifying local problems, finding solutions and formulating developmental plans (Barton & Wamai, 1994).

2.3.2 Uganda and HIV/AIDS

As has been mentioned in Chapter One, Uganda is one of the countries that has been heavily hit by the AIDS epidemic and has a high rate of people living with AIDS and huge numbers of AIDS orphans. The NRM government of Uganda under the leadership of President Yoweri Kaguta Museveni was one of the first in Africa to openly acknowledge the presence of AIDS in the country and declare the fight against AIDS in Uganda. This has been met with substantial success. Uganda has been commended in its efforts to reduce HIV prevalence levels. The rates of infection are reported to have dropped from 30% in 1996 to the present level of 9%. A number of factors have helped to achieve this.

The government of Uganda acknowledged the AIDS crisis as early as 1986 and began mobilising both domestic and international support to help fight the disease. In 1986 the NRM government established The National AIDS Control Programme (ACP) in the Ministry of Health (Okware, 1987). The ACP is responsible for overseeing AIDS education, home care, counselling, research and monitoring of the epidemic, and by 1987 it had begun a massive health education campaign.

Uganda has had a national HIV/AIDS policy since 1992. HIV/AIDS policy is prominent in many sectors of the economy such as agriculture, education, health, military, and in the workplace. There is a high level organisational structure in support of the national response; this ranges from the national AIDS commission, inter-ministerial committees, to presidential level bodies. It has been noted that:

“The prospects of success are brightest when a country has a top-level committee or body responsible for planning and managing action to combat the epidemic. Such a high level body can draw in the many sectors that need to be involved, from the grassroots level through education, defence and health ministries to the private agricultural, mining, industrial and service sector (UNAIDS, 1999).

Non-governmental organisations, community based organisations and religious groups have also played a central role in developing effective responses. The use of television, which reaches most parts of the country, and radio, which reaches all parts of the country, has played an instrumental role in educating people on how HIV is spread and how it can be prevented. Philly Lutaya, a popular musician, paved the way for public discussion about AIDS when he declared he was HIV positive. Since then a number of people living with AIDS have continued to sensitise people and especially the youth on HIV/AIDS. This has not only helped lower the rate of HIV/AIDS but also encouraged and developed an understanding between people living with AIDS and those who are not. It also helps in reducing discrimination and rejection.

There is an intensive AIDS education programme right from the grassroots level to AIDS education in schools in form of sex education. Indeed all possible avenues have been used such as through drama, music and clubs.

2.4.3 Ugandan definition of "orphans"

The Ugandan government defines an orphan as a child less than 18 years, who has lost one or both parents. Prebble (1990) defines AIDS orphans as children under 15 whose mothers have died of HIV/AIDS. Foster et al (1997) defined orphans as any child less than 15 years of age whose mother /father has died. This study looked at AIDS orphans who had lost both parents.

2.3.4 Intervention in Uganda

Many organisation and agencies have come in to assist government and individuals deal with the HIV/AIDS epidemic and with orphans in particular. These include religious organisations, external donor agencies, local NGO's and voluntary organisations. There are over 300 organisations providing services to orphans. Some of the prominent organisations include WHO, Save the children fund, World Vision, Uganda's Women Efforts to Save Orphans, UNICEF, and The AIDS Support Organisation (TASO). Services provided include medical care, housing, legal assistance, emotional support, clothing, education (school fees), skills training, family environment and financial assistance (Uganda AIDS Commission. Inventory Activities, 1992).

In order to consolidate all the above efforts, attract overseas funding and also guard against any form of abuse, The Orphans Community Based Organisation was proposed. It was also to act as a supervisory organ. In a move to help the orphans a need assessment was conducted. Political leaders, civil servants, religious leaders and orphans were asked to list needs in order of priority; school fees was ranked first, followed by scholastic materials, feeding, bedding, clothing, medical care and skill development for older orphans (Levine et al, 1996). It was noted that generally these fundamental needs except in a few cases of children staying in institutions were met

(Barnett & Blaike, 1992). Some needs were better met than the needs for education, bereavement planning and counselling (Levine et al, 1996).

The opinion of organisations and individuals on the issue of whether the orphans of HIV/AIDS epidemic should be identified for special attention and benefit are divided. While some argue that there is no difference in the quality of life experienced by HIV/AIDS orphans and other orphans, some people feel that those orphans of the HIV/AIDS epidemic were more affected than other orphans.

"Some respondents stated that orphans of the HIV/AIDS had a poorer quality of life, were more stigmatised and in general suffered more deprivation and rejection than other orphans."
(Levine, 1996:281.)

In another study (Foster et al., 1995), it was found that despite the fact that care of AIDS orphans usually fell on individuals with least resources, there was limited evidence to indicate that the AIDS orphans suffered more than other children.

The main focus on AIDS orphans is on young children. Support for young people and in particular secondary schoolchildren has been neglected. Interviews with 4 prominent organisations indicated that this area is grossly neglected and rejected. Uganda's AIDS success story needs to be expanded to include AIDS orphans.

2.3.5 AIDS and stigmatisation in Uganda

It should be borne in mind that victims of AIDS in Uganda are stigmatised. AIDS in Uganda has mainly been associated with promiscuous behaviour and has been linked with people like truck drivers, traders, bureaucrats and prostitutes who many people feel are largely responsible for acquiring the disease because of immoral behaviour (Kelly, 2000).

For something to evoke stigma, it has to meet at least four characteristics (Goffman, 1963, Kato, 1998). HIV/AIDS fits all these criteria.

Firstly, it is perceived as the bearers responsibility: AIDS is an acquired disease and by its nature elicits responses in uninfected people to ask how it was acquired- which brings about the aspect of blame and notion of responsibility. This, it has been pointed out is the most insidious aspect of the AIDS stigma (Devine et al 1999). AIDS is then perceived as a deserved punishment for offensive and immoral behaviour (Herek & Capitanio, 1998). Although negative reactions to PWAs have decreased, they still exist. For example, a study found that respondents agreed that PWAs got what they deserved and even approximately 6 years later an increase of about 40% the original response felt the same way (Herek & Capitanio, 1998a). As noted above, AIDS in Uganda has mainly been associated with promiscuous behaviour and has been linked with people such as truck drivers, traders, bureaucrats and prostitutes who are viewed as responsible for acquiring the disease due to immoral behaviour. One former AIDS control program director pointed out that *"when you touch a prostitute you have touched the disease. Be careful and protect yourselves."* Referring to whether one had a choice to contract the disease he said that *"AIDS is the only disease where you can choose to have it or not"* (New Vision, July 13,1995). This view sums up the views of a wide section of the population.

Secondly, greater stigma is attached to illnesses that are perceived as fatal: Several studies have shown that any epidemic of lethal diseases are usually met with negative reactions (Pryor et al, 1991, Kato, 1998).

Thirdly it is perceived as contagious: Most of the models postulated by social psychologists to explain individuals attitudes towards PWAs point out that AIDS stigma is a result of instrumental and symbolic factors associated with HIV/AIDS. Instrumental factors include factors such as the fear of contracting the disease as a result of association with PWAs. This could be through blood transfusion. For

example in one study parents feared their children to interact with HIV/AIDS infected children in case they contracted the disease (Pryor et al 1999).

Fourthly it is perceived as revolting or disgusting. When AIDS was first identified, it was associated with the populations that it most affected. For example in the west it was first identified with homosexuals, drug users and Haitian immigrants, while in Africa it was mainly heterosexual and connected with promiscuity and immoral sexual behaviour. Hence these groups were seen as “different” and “deviant” from the general public (norm). Others have termed these symbolic factors. These include things such as, associations to negatively evaluated social groups, for example, promiscuity, prostitutes or homosexuals. For example, children who contracted HIV/AIDS through blood transfusions to some extent faced stigma because of the way people associated HIV/AIDS to homosexuality (Pryor et al 1999). This could be extended to the Ugandan context in that as in most parts of sub-Saharan Africa people think of the disease as associated with those who break social taboos and hence there is shame attached to not only PWAs but to their families too:

“The loved ones of PWAs also are at risk for AIDS stigma and its negative effects. They too often face ostracism and discrimination because of their association with PWHIV. This courtesy stigma (Goffman, 1963) can leave them without adequate social support (Folkman, Chesney, & Christopher-Richards, 1994; Folkman, Chesney, Cooke, Boccellari, & Collette, 1994; Jankowski, Videka-Sherman, & Laduidara-Dickinson, 1996; Paul, Hays, & Coates, 1995; Poindexter & Linsk, 1999)” (Herek, 1999:1011)

However, in a study in Zimbabwe there was reluctance by the respondents to publicly admit that an individual had died of AIDS and though they felt stigmatised the

emphasis was on the orphan status or poverty and not AIDS (Foster et al., 1997). Hence, due to the embarrassment and shame that the disease inflicts on both the victims and their families, many do not openly acknowledge that they are AIDS victims nor do their families.

The Social Identity Theory which was developed by Tajfel (1981) and Tajfel & Turner (1986) to explain the nature of inter-group relations and the psychology of group processes has also been extended to explain negative attitudes towards such diseases. The theory suggest that peoples' self-concept or identity is more inclined towards being part of an important group, and is more motivated towards maintaining and establishing the groups' self esteem; being part of a particular group has implications to ones' self esteem. This gives rise to a social identity. Social identity theory postulates that people categorise themselves and others into groups, as a result of *“several psychological processes operating in the service of self esteem”* (Devine et al, 1999:1241). Positive self-esteem is achieved and maintained through inter-group comparisons; people favour the group to which they belong and identify with and experience positive affect on behalf of their group (in-group). On the other hand they experience negative affect towards the other group (out-group). As has been noted above preference is for members of the “in-group”, so those who are “different” are met with negative reactions. However with the AIDS stigma this not only stops at ones' preference for members of ones' in-group but as noted above, it is also perceived as a threat to the social identity and health of others.

Studies suggest that the AIDS stigma is intertwined with social identities and motivation to maintain positive social identities. These social identities may emanate from personal, moral or religious values. The ways and means and associations to AIDS it has been argued, conflicts with most of these values. It has been noted

“Indeed, rarely has any stigma had the capacity to simultaneously threaten so many core social identities” (Devine et al 1999:1213).

The stigma attached to HIV/AIDS “threatens” not only social identities but it can also threaten the way in which individuals cope with bereavement through AIDS and the ways in which they can be helped. The study is concerned with the educational difficulties that students bereaved through AIDS face. As will be highlighted throughout this thesis, stigmatisation compounds these difficulties and threatens the ways in which such children can be identified and helped to cope with the loss of their parents.

Summary

In section 2.1 I have highlighted the explanations for bereavement and held the position that although all these explanations deal with different aspects that the bereaved goes through during bereavement, they are intertwined and difficult to separate. During bereavement these different aspects such as cognitions, behaviour, emotions and social attachments have to change and adapt to the situation. As earlier pointed out I also hold the position that social support is instrumental in this process.

Section 2.2 highlighted growth and development during adolescence and the development of their understanding of death. Although the study did not investigate the understanding of death with the AIDS orphans, during the interviews they indicated the understanding of the reality, irreversibility and finality of death. This section also discussed the effect that bereavement has on school performance, behaviour, self-concept, maturity and relationship with others. It has been pointed out in Chapter One that one of the objectives of the study was to investigate the ways in which the AIDS orphans are affected by the bereavement. In the light of this the study investigated the effect that loss of parents through AIDS has on AIDS orphans

behaviour, school performance and self-concept and self-esteem. It also investigated whether there were any significant differences between them and other children.

Section 2.3 discussed the factors that affect how individuals cope with bereavement. Such factors include, family and social support, relationship between the deceased and the bereaved, previous losses, the way in which the loss takes place, age time since death, gender, religion and socio-economic status. This study investigated what social networks are available to AIDS orphans in secondary schools to help AIDS orphans cope with their loss, what factors affected coping with loss of parents through AIDS, it specifically looked at gender, socio-economic status and bereavement.

Section 2.4 highlighted the situation of HIV/AIDS in Uganda, what interventions have been made to lessen the plight of AIDS orphans and also the problem of stigmatisation in Uganda. Although the current situation is that there is lot being done to sensitise people on HIV/AIDS and that there has been met with some certain extent of success, there is still a stigma associated with HIV/AIDS. The study sought to explore what attitudes and opinions headteachers, teachers and significant others have towards AIDS orphans and the problem of AIDS orphans in schools.

Chapter Three looks at how these objectives were achieved.

CHAPTER THREE

RESEARCH METHODOLOGY AND DESIGN.

Research in the field of education, as in other fields, plays a major role in development. It not only affects methods and styles of teaching but also the curriculum, content, the facilities used in teaching, policies, objectives and management of schools – indeed the whole educational process. It is important to note that research methods in education have been influenced by those in the social and pure sciences (Gall et al, 1996). The previous chapter presented the related literature, this chapter presents a discussion of the philosophical basis and justification for the approaches and methods that I have chosen in designing the research, gathering the data and analysing the results.

3.1 Methodological Perspectives: the Scientific and the Socio-anthropological Paradigms

In planning for this study, the following issues pertaining to methodology and design were considered.

It has been argued that the nature of knowledge and the ways and means through which it is acquired and validated differ. It is from this perspective that the two paradigms within research emerge: namely the scientific sometimes referred to as quantitative (positivists) and the socio-anthropological, sometimes referred to as qualitative (post-positivists) paradigms (Gall et al, 1996).

The fundamental viewpoints from which these two paradigms diverge is that the positivists hold that there is a single reality, where the knower and known are independent and that enquiry is value free. They argue that generalisations can be

time and context free, they emphasise controlled settings to measure cause and effect and they use deductive logic to test hypotheses (Lincoln and Guba, 1985; Tashakkori and Teddlie, 1998).

On the other hand, qualitativists argue that reality is constructed and therefore there are multiple realities that are constructed through personal meanings. They contend that the knower and the known are inseparable and that inquiry cannot be value free because research is influenced by the values of the researcher. They argue that it is impossible to distinguish between cause and effect nor is it possible for time and context-free generalisations to be made and that conclusions are derived from the data (inductive logic) (Lincoln and Guba, 1985; Tashakkori and Teddlie, 1998).

Hence adoption of a particular method stems from one's epistemological orientation.

It has been argued that:

"Method represents a "logic of justification" that begin with first principles about truth reality and the relationship of the investigator to the investigated and proceeds from there to different research objectives (Smith & Heshusius, 1986).

Thus there is a logical relationship from the principles inherent in the paradigm and the methods chosen; methods are derived from first principles." (Firestone 1987:16)

Some researchers and theorists contented that there is an incompatibility between qualitative and qualitative methods and that *"researchers who try to combine the two methods are doomed to fail due to the inherent differences in the philosophies underlying them"* (Tashakkori and Teddlie, 11:1998). As aptly put:

One approach takes a subject-object position on the relationship to subject matter the other takes subject-subject position. One separates facts and values, while the other sees them as inextricably mixed. One searches for laws, the other searches for understanding. These positions do not seem compatible (Smith 12:1983).

However, in as much as the two paradigms hold divergent philosophical positions on research, they share some qualities. For example, both use the same strategies for collecting data like interviews, questionnaires and observation. Further still, some qualitative researchers use statistics to record events and many organise their records around formal theories. Recent developments in research have shown that both approaches can be used compatibly to explain educational problems (Stoynoff 1990, Whyte 1984, Maxwell et al 1986, Briddle et al 1986). In the final analysis the research questions are fundamental than ones ontological or epistemological view. Researchers should not unduly concern themselves with making "synthetic" choices between the two, but rather what is important is to determine how to best utilise each (Tashakkori & Teddlie 1998). It has been pointed out that comparing the relative efficacy of these two traditions is inappropriate because each has different purposes, one generates insights while the other tests hypotheses (Briddle et al, 1986).

Indeed Merton & Kendall (1946) pointed out that:

"Social scientists have come to abandon the spurious choice between qualitative and quantitative data: they are concerned rather with that combination of both which makes use of the most valuable features of each. The problem comes of determining at which points they should adopt the one, and at which the other approach." (Cited in Cohen & Manion, 1989:42).

They argued that both approaches have weaknesses and strengths and that investigators can make use of whatever methods that enable them answer their research questions best instead of relying exclusively on one method. This has been termed as "mixed methodology" or methodological mixes". Mixed methods combine qualitative and quantitative approaches in the methodology of a single study, or multi-phased study while mixed model studies combine these two approaches across all phases of the study (Tashakkori and Teddlie, 1998).

The positivists are often highly preoccupied with establishing the causal relationship between concepts. Hypotheses are formulated and tested to either refute or support them (Borg & Gall, 1989). *"Quantitative researchers collect facts and study the relationship of one set of facts to another. They measure, using scientific techniques that are likely to produce quantified and, if possible, generalisable conclusions"* (Bell, 1987:4).

Since part of the study aims to investigate and compare differences between the AIDS orphans and other students in relation to self-esteem, and academic progress and performance, this part of the study leans towards the quantitative paradigm. It relies heavily on numerical data and statistical analysis to compare the variables between the two groups of students. Structured and semi-structured questionnaires were administered to whole populations of students in selected classes. The questionnaires were analysed to determine whether there was a relationship between how AIDS orphans respond to the variables mentioned above, and the responses of other students. Structured and semi-structured questionnaires were also administered to headteachers and teachers to compare their attitudes and opinions concerning AIDS orphans and in general the problem of AIDS orphans in secondary schools.

However, it is important to note that when dealing with human beings it is sometimes impossible to hold all factors constant, so applying the rigorous standards of scientific enquiry demanded by positivists may not be possible or it may not give us a "correct picture" to the problem under investigation. As has been aptly put by Holbrook (1977),

"Our approaches to the study of man have yielded little, and are essentially dead, because they cling to positivism-that is, an approach which demands that nothing be regarded as real which cannot be found by empirical science and rational methods, by "objectivity". Since the whole problem.... belongs to the psychic reality, to man's inner world, to his moral being, and to the subjective life, there can be no debate unless

we are prepared to recognise the bankruptcy of positivism, and the failure of objectivity to give an adequate account of existence and are prepared to find new modes of inquiry"(cited in Cohen & Manion 1989:26).

Indeed there are many valid reasons for adopting the qualitative approach and one of them would be the nature of the research problem (Strauss & Corbin, 1998). The research strategy and methods used should be appropriate for the questions you want to answer (Robson, 1996). This I found was quite relevant because I was dealing with a sensitive topic that included feelings thought processes and emotions that were difficult to learn about through the quantitative approach. It has been argued that when researching sensitive topics such as HIV/AIDS, qualitative methods are more appropriate (Renzetti & Lee, 1993). I found such methods quite useful, because with "hostile" respondents I was able to empathise and probe carefully; also the personal way in which one can sometimes relate with respondents in interviews using the qualitative approach greatly facilitated the discussion of the AIDS orphan problem. Hence, although the findings from questionnaires (which was analysed quantitatively) indicated that some of the teachers and all the headteachers were aware of the stigma attached to HIV/AIDS, this was portrayed more clearly in findings from interviews. In addition quantitative approaches may not be appropriate for elucidating complex problem areas; in such cases they give little effective input to the decision making process (Parlett & Hamilton, 1987:57). This study partly envisages that headteachers, teachers and those dealing with AIDS orphans in schools will draw from this study ways in which they can provide structures and policies that will help AIDS orphans, and other such students during and after bereavement.

As noted earlier, I believe that the availability and provision of support to AIDS orphans may go a long way in helping them to adjust and cope with the loss of their parents, reorganise their futures along different dimensions and attach new meanings

to their lives. It might also help build their resilience when faced with difficult situations such as the loss of a parent/s and therefore reduce the risk of failing at school or dropping out of school. I also believe in the ecological theory that acknowledges that there is always an interaction between the organism and the environment. Brofenbrenner (1977a), points out that though modern psychology attempts to improve our understanding of child development and behaviour, it falls short due to its dogmatic stand in studying fragments of information in controlled settings without understanding the experiences of the child within the context that the child exists. He says that:

"We must increase our knowledge of the actual conditions in which children live...before we can use what we learn from such experiences...without such comprehensive knowledge, it could not be reasonable to expect our efforts to impact on children within the context of their systems" (Cited in Apter, 1982:59).

In order to gain a deeper understanding of the trauma and problems that AIDS orphans experience both in and outside school, a "holistic" approach to the problem is necessary. In contrast with the quantitative approach where the researcher is detached from the research participants and their setting I needed to become personally involved, to share and get respondents' perspectives, and in order to do this effectively I needed to assume a caring attitude which the qualitative approach best fits. Qualitative researchers also endeavour to describe and explain human behaviour but, in the process acknowledge that people differ from each other and also differ from other phenomena in the sciences -they respond to and act in relation to the environment, unlike molecules in a laboratory. It is therefore necessary to understand the context in which a phenomenon occurs. It has been argued too, that in qualitative research the major thrust is to *"describe and interpret from the respondents perspective rather than measure and predict"* (Parlett & Hamilton, 1987:57).

"Qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 1994:2). Since another part of the study aims to investigate what is being done to help AIDS orphans, it is hoped that the interaction of not only those in close proximity with these children but also with the AIDS orphans will provide not only meaningful information, but also possible answers which may facilitate the decision making process.

Further still, following the belief in an ideal ecosystem where the family is the primary unit of responsibility and also acknowledging the school as an influential sub system, and that the community also has a part to play in assisting the family and the school, the "holistic" approach was adopted (Hobbs, 1978 cited in Apter, 1982). Interviews were carried out with the AIDS orphans, teachers, headteachers, and others: mentioned earlier who deal directly or indirectly with these students. The study investigated the different meanings and interpretations they attached to the phenomenon, what they felt can be done to help, and the ways in which this can be done. Hobbs, (1978 cited in Apter, 1982) pointed out that such an approach enables the provision of *"an optimal array of resources for the rearing of our children"* and in the case of bereavement it may provide and facilitate resources that may enable the children cope more effectively with the loss of their parents.

One of the alleged weaknesses of this paradigm is that it is time consuming in terms of data collection and analysis, and more importantly by the nature of its "subjectiveness" because it relies heavily on the researchers skills of observation and interpretation. Hence, its validity and reliability is questioned. In order to maintain validity and reliability, and also avoid this bias and subjectivity, information was

collected from different respondents for example headteachers, teachers and AIDS orphans using different methods namely, questionnaires and interviews.

3.2 Sampling procedures

Among other aims and objectives this research sought to investigate

- the problems students face in school as a result of loss of parents to HIV/AIDS
- the attitudes of head teachers, teachers and others towards AIDS orphans
- what is being done to help these students
- whether there are any significant differences between these students and other students

The research was carried out in one district in or around urban areas of Kampala. Kampala was selected because it is one of the areas most hit by the AIDS epidemic and it was also easily accessible and familiar to me. The study included students in Form 1, 2, 3 and 5. Form 4 and 6 were excluded because this is a critical period when students are preparing for the national examination. In administering the questionnaires to students, in cases where there was more than one stream in a year, only one was randomly selected. This was based on the assumption that the classes were not streamed

One of the aims of the study was to get a deeper understanding of the problems that AIDS orphans face and to investigate what is being done to help them. I therefore interviewed headteachers, teachers, the AIDS orphans and those in contact with the problem of AIDS orphans in order to achieve this. I adopted "purposeful sampling" where the objective was to select persons who were "*likely to be information-rich with respect to the purpose of the study*" (Gall et al, 1989:216). Hence in selecting the participants the aim of the study and the willingness of the participants were

considered. The selections of the teachers were based on the amount of contact they had with the students. For example, during the tea breaks I had in the staff room some teachers pointed out to me those who dealt directly with the students, what is sometimes referred to as "key informants" (Burgess, 1982), such as class teachers, games tutor, house wardens and also how long they had been holding these duties. I took the teachers and other administration staff narration's of their observations of the parents and the students' narration of their experience with the death of their parents to select those I strongly inferred to be AIDS orphans.

60 questionnaires were distributed to teachers. 56 were returned 27 were male and 29 were female. Distribution of the questionnaires to the teachers was influenced by gender, the amount of contact these teachers had with the students and how long they had spent in the school. In the single sex schools, for example, in school D, which was a boys school more questionnaires were distributed to male teachers than female teachers (Appendix 1).

The structure of Education in Uganda runs as follows:

- (a) Kindergarten and nursery schools.
- (b) Primary schools which range from primary one to seven.
- (c) Secondary schools and colleges which range from senior one to senior four and senior five to senior six
- (d) University, Vocational or teacher training institutions.

As already noted the researcher is engaged in teacher training for secondary schools and therefore is interested in this level of education. The study included five secondary schools selected as follows:

- Girls' residential senior secondary school (school A).
- Mixed day senior secondary school (school B).

- Mixed residential senior secondary school. (school C).
- Boys' residential senior secondary school (school D).
- Mixed residential senior secondary school (school E).

Since the study aimed to investigate the effects of gender on bereavement, the selection of single sex schools provided ample examples of this. Furthermore, some residential schools are usually perceived as schools for the rich because they financially demand more than day schools: to pay for the cost of food and accommodation among other things, on top of school fees which are higher than those of day schools. The selection of both day and boarding schools, I believed would enable more light to be shed on the effects of socio-economic status and bereavement. Although I had initially planned to include a boys' and a girls' day schools, on my return to Uganda, it was brought to my attention that these schools had slowly been phased out due to economic implications. With the rapid growth of private schools in Kampala and the scramble for student enrolment it would not be economical to limit oneself to one sex, so these schools had slowly been phased out.

Although some of the schools were religiously oriented; that is, Muslim (C) and Catholic (D) founded they did not generate significant differences.

3.3 Access to schools

In June 1998 while still in Birmingham, United Kingdom, I identified a number of schools that met the criteria. I identified at least two schools in each of the categories in order to have a wider choice and also to safeguard against over dependency on a school. Letters were written to the different headteachers for permission for access to their schools: one introduction letter from the thesis supervisor and another from me. In order to encourage prompt reply self-addressed envelopes, postage paid (which I had to send for from Uganda) was attached to the letters. Headteachers had to tick the

appropriate box (yes or no) and sign the consent form. Space was also provided for additional comments. All schools replied positively before my departure for the fieldwork. I found this very useful in that it formed the basis on which I introduced myself in the schools and it facilitated smooth and prompt transition into the schools and the study.

3.4 Research Instruments

Principally I have used questionnaires and interviews to collect data.

3.4.1 Questionnaires

A number of researchers have used questionnaires over the years for gathering information. Of course, the decision to use questionnaires is not only determined by the nature of the research and its objectives, but also its advantages. Questionnaires have a number of advantages, which include:

- it can be used to collect a wide range of opinions and information
- it is relatively easy to administer and analyse which saves time, as rightly noted:

"copies of a questionnaire could be distributed to, say all 1,000 pupils in a school, or to a similar number of workers in a firm, to be completed by them and returned to you in about the same amount of time that it takes to complete a single interview" (Robson 1996:243)

- there is a high degree of confidentiality which allow the respondents to answer honestly and express their opinions strongly without fear
- all questions are presented identically to encourage objectivity
- Researcher bias can be checked in advance by piloting it or showing it to a number of people.

However the drawbacks include:

- answers cannot be probed and may cover largely points of interest only to the researcher,
- it can be tedious to fill in
- responses may be difficult to clarify,
- respondents may look for "correct responses" and that when dealing with children its effectiveness is subject to their ability to read and comprehend (Cohen & Manion, 1989).

I used questionnaires to investigate students' perception of their school performance and their self-esteem and concept. I needed to compare the school performance and self-esteem and self-concept of orphaned and non-orphaned students. This involved a considerable number, for example 400 questionnaires were administered to students in different schools hence, it was more appropriate and feasible than other methods like interviews and observation.

As mentioned earlier, twelve questionnaires were distributed to teachers in each school and out of a total of 60 questionnaires, 56 were returned (Appendix 2). I distributed all the questionnaires and collected them from the teachers. In all the schools I requested one of the teachers who was sometimes a colleague or a former student to collect the questionnaires from the rest of the teachers. This, I believe, facilitated the return of the questionnaires because in some cases I would not be in the school at the same time with the teachers concerned. Also spending time in the staff room especially during break time facilitated the return of the questionnaires.

Questionnaires can either be structured or semi-structured. Structured questions, like multiple choice questions, allow only certain responses, while semi-structured ones allow the respondents to make as many responses as they wish and in their own words. In the present study structured questions were placed on a six-point scale and

semi-structured questions (for additional comments) were designed and administered to:

- Populations of students in selected classes to measure variables like self-esteem and performance at school.
- Headteachers, to investigate their opinions and attitudes towards AIDS orphans, the magnitude of the problem of AIDS orphans in schools, what the schools were doing to help.
- Teachers to investigate their perspectives, opinions and attitudes towards these children and the general problem of bereaved children. It further investigated teachers' perceptions of the effect of gender on bereavement.

3.4.1.1 Pilot testing of questionnaires.

Before taking the questionnaire out in the field, I decided to carry out a pilot test. Questionnaires were sent by post to two teachers in Uganda who were responsible for its distribution and collection. Self-addressed, postage paid envelopes were also provided. A long time elapsed before their return. However, they gave valuable critical comments in terms of clarity, validity and the relevance of language used. I also analysed the questionnaires and where necessary made appropriate adjustments. It is believed that this went a long way in limiting some of the problems associated with questionnaires.

3.4.1.2 Analysis of Questionnaires

After the data was gathered I proceeded with its analysis. Raw data from the questionnaires were entered into the SPSS (Statistical Program for Social Science) and Excel Program for coding and analysis. I used descriptive statistical techniques,

which included frequencies and percentages. Chi-squares were also used to test associations.

3.4.2 Interviews

The researcher also adopted the use of interviews because it is unique mode of investigation. The researcher can collect information through direct verbal interactions with the respondents: the interviewer to a large extent is in control of the topic and, because of its personal nature, the quality and depth of the response may be better than in questionnaires. The ways in which the interviewee responds can also tell more than written words could. This I found quite useful when dealing with the stigma attached to HIV/AIDS. I could see and sense the discomfort and hesitation of some of the students when discussing the cause of death of their parent/s. In cases where the questions are ambiguous to the interviewee then there is room for rephrasing and correcting any misunderstandings. Questions may carry different meanings for individuals. Hence, with interviews it is possible to probe this duality of interpretation. Further, due to the nature of the study, where feelings, attitudes and opinions were sought, some of which had been experienced some time before, this mode of investigation is quite valuable. Patton (1988), as cited in Fraenkel & Wallen (1993:385), discussed the importance of interviews;

"We interview people to find out from them those things we cannot directly observe. The issue is not whether observational data is more desirable, valid or meaningful than self-report data. The fact of the matter is that we cannot observe everything. We cannot observe feelings, thought and intentions. We cannot observe behaviours that took place at some previous point in time. We cannot observe situations that preclude the presence of an observer. We cannot observe how people organise the world and the meanings they attach to what goes on in the world. We have to ask questions about those things".

Since the bereavement had occurred between two years and six months before the study, the interviews allowed me to know the experiences of the interviewees. I

wanted to investigate and explore the experiences, emotions and feelings of the participants, the subject being a sensitive further justified the use of interviews. HIV/AIDS as earlier highlighted in the literature review, people living with AIDS and their families usually feel stigmatised mainly due its association with promiscuity. Rightly noted “ *such things call for careful handling and perhaps coaxing in order to get the informant to be open and honest*” (Denscombe, 1998).

3.4.2.1 Types of interviews

There are many forms of interviews, as rightly noted by Burgess (1982:197), these can be “*placed on a continuum with structured interviews at one end and unstructured the other*”.

(a) Structured interviews.

Structured interviews are similar to questionnaires. Researchers determine the content and procedures. Questions may be closed or open-ended and are presented in the same order in each interview (Descombe, 1998). The difference between questionnaires and structured interviews is that in the structured interview, the interviewer fills in the answer while in the questionnaire the interviewee does so. Structured interviews are preferred if the researcher wants to ask many questions. They are also easier to analyse and process.

(b) Semi-structured interviews.

Although data from semi-structured interviews are difficult to categorise, they are appropriate for eliciting in depth information from the interviewee. This can be in terms of the interviewee elaborating on a specific issue or where the interviewer probes more deeply on a range of issues. The researcher prepares questions, usually open-ended, in advance.

However the order of the questions may be modified based on the researcher's perception of what seems most appropriate in the context of the conversation (Robson, 1996:231).

(c) Unstructured interviews.

This type of interview is mainly used for counselling and therapeutic purposes and requires considerable training for the interviewers. Here the researcher does not need to determine the interview questions in advance and in a sequential manner. Rather it involves an open situation with greater flexibility and freedom (Cohen & Manion, 1997:273).

The interviews with all respondents were semi structured with open-ended questions. However, I did not follow this plan rigidly but let the flow be dictated by the story being narrated and directed it to issues which were of concern to the study.

Interviews have a number of disadvantages; I audiotaped the interviews, but this proved costly and also it was time-consuming during the collection, transcription and analysis of the data. Gilman, (2000:9) pointed out that the time-cost factor is "*often grossly underestimated, particularly by the novice researcher, the reality only dawning once you are irretrievably committed*". This I found relevant (unfortunately) especially during the transcription and analysis of the interviews. I had to keep to-ing and fro-ing when categorising and moving from one transcript to another was a demanding process. I also experienced the fact that even with all previous preparation things can sometimes still go wrong (Appendix 3). In some cases an interviewee may not welcome the interviewer. This I found in one of the schools where a teacher refused to take part in an interview because she felt that it was time-consuming and that she had other [better] things to do. Despite all this, the rich information that the

participants shared with me convinced me that the use of interviews was a sensible strategy.

3.4.2.2 Development of the interviews.

Interviews were used to get more in-depth understanding of the research problem, to triangulate the findings and increase the reliability of the research and to validate findings from the questionnaires. For example I wanted explore the personal meanings and perceptions of the interviewees on the problem of AIDS orphans in schools, so rather than eliciting Yes or No answers as is usually the case when using questionnaires I wanted interviewees to elaborate on their answers. I used the research questions, questions from the questionnaires, and related literature to construct the interviews. More explicit accounts of the different interview schedules will be discussed in the sections that follow (3.4.2.4 – 3.4.2.7). Using interviews in educational research is a difficult task. Great attention needs to be paid to preparation of interviews. I bore this in mind in the development of the interviews. I also paid attention to use of appropriate language, avoided leading questions and maintained clear wording to attain this. However due to the sensitive nature of the study I was not able to carry out a pilot study using interviews.

3.4.2.3 Permission to tape the interviews.

I obtained permission from all the participants to audiotape the interviews. Although I had planned to return the transcriptions to the participants for their perusal and confirmation I found this was not possible. My schedule started at eight in the morning and I left the schools at six-thirty in the evening. With the heavy traffic in the city I usually arrived home exhausted and half-asleep. Long, detailed transcriptions were beyond me at this stage. Detailed transcriptions were done in the United

Kingdom, returning the transcriptions to the respondents would not only be costly but the analysis and writing up would have to be delayed. Both of which I did not have. All the interviews were in English. In exceptional cases I summarised the interviews. Between 19th September 1998 and 16th December 1998 I conducted interviews with 5 headteachers, 20 teachers, 25 students, a counsellor and an educational officer, 4 representatives from non-government organisation, and 2 lecturers from teacher training institutions.

3.4.2.4 Interviews with headteachers.

I asked the different headteachers themselves for an appointment. All interviews were conducted in the headteacher's office. As is sometimes the case with such an important office in the school the interviews were interrupted occasionally for the headteacher to deal with day-to-day business. Interviews with headteachers were aimed to investigate their opinions and attitudes towards the problem of orphans and what the school was doing to help them during this trying time.

I started the interview by thanking the headteachers for having granted their permission for the study to be carried out in their schools and reminded them what the study was about. I then requested them to give background information on the school and themselves. The interviews as already mentioned was semi-structured covering the following questions:

1. What problems do the orphans face due to the loss of their parents through HIV/AIDS?
2. How does the loss of parents affect AIDS orphans?
3. What resources are available to AIDS orphans in secondary schools?
4. What factors affect their adjustment to loss of parents?

5. What are your perceptions of the problem of AIDS orphans in secondary schools?
6. What influence does gender, age and socio-economic status have on bereavement due to loss of parent/s?

3.4.2.5 Interviews with teachers

I was introduced to the teachers in the staff room by the deputy headteacher in schools A, D and E. In school B the director of studies did this, while in School C, where I was familiar to the teachers, some of who were colleagues and others were former students I introduced myself. In the schools where I was introduced, the purpose of my presence in the school was explained and the teachers were requested to give me the assistance and information that I required. Thereafter, I used the staffroom as a meeting point with the teachers. I usually had a tea break, lunch and mid-afternoon tea with the teachers. I found this quite useful in that I could establish a rapport with them. I also used this time to explain more about my study and have informal conversations with the teachers. They pointed out to me the likely chief informants among themselves, that is, those who were in close contact with the students. As mentioned earlier I am involved in teacher training for secondary schools; therefore, I found at these schools a number of my former students and colleagues. This too facilitated my movement through the school and thus the study itself. I carried out the interviews with the teachers in the staff room but whenever it was crowded and noisy we took our chairs outside and sat under a tree. In one residential school, although we had arranged to meet in the staff room, the teacher left a message that I should meet her at home. We sat in the compound and talked while she breast-fed her baby.

Teachers of the selected classes were interviewed individually. I started the interview by thanking the teachers for their time and reminded them what the study was about. I

then requested them to give background information on themselves. Once again questions were designed to probe further and to gain an in-depth understanding of the issues of interest. The interviews sought to investigate the attitudes and opinions of teachers towards AIDS orphans and the problem of AIDS orphans in schools, how the bereaved students behaved during this time, what factors affected their adjustment to the loss and what problems these children faced.

3.4.2.6 Interviews with students.

Interviews with the students were held away from the public eye. I looked for places where the students would feel safe to talk to me. This I felt was an important aspect because it was an emotional encounter and therefore I wanted it to be away from public scrutiny. We either sat in secluded areas in the compound or in a quiet classroom at the end of the school. Occasionally people passed by. Once again the interviews sought to investigate AIDS orphans perceptions on what factors facilitated their adjustment to the loss, what effect loss of their parents had on them and what was available to them in schools.

3.4.2.7 Interviews with the rest of the participants.

Interviews were held in the interviewees' offices at appointed times. However, in some cases the interviews started immediately after my request for one. For example, when I requested the school counsellor for an interview. I held interviews with 2 lecturers from teacher training institutions aimed at investigating what the institutions were providing teachers that would help them deal with bereaved students and also the lecturers perceptions and opinions of the need to train teachers in bereavement.

Directors of 4 prominent non-governmental organisations, who were directly involved with the help and care of AIDS orphans were also interviewed. The study investigated what the organisations were doing to help such children.

3.4.2.8 Procedures for analysis of interviews.

After conducting the interviews the next important process was the analysis of the data gathered. As mentioned earlier, all interviews were in English. These were transcribed and typed into the computer. The data was then printed and read several times so that I could become familiar with the contents of the interviews. I used the literature, the research questions and the data to develop sets of categories and themes. I used colour coding for the themes. These were then cut and pasted and filed together so that all similar themes from different sets of respondents (e.g. teachers, students etc) in each school were under one file. Summaries of the findings were cut and pasted onto a large sheet of paper so as to compare and contrast findings across the different schools and different sets of respondents.

3.5 Triangulation: Validity and reliability

An important aspect of educational research is the evaluation of the data collected. The data collected in this study was evaluated through triangulation. Triangulation is *“the use of two or more methods of data collection in the study of some human behaviour”* (Cohen & Manion, 1994:223). Simply put, triangulation is the combining of approaches, methods and empirical data in a single study in order to obtain the most accurate understanding of the situation (Denzin & Lincoln, 1994). In order to increase validity and reliability I used different methods to collect the data namely questionnaires and interviews. Findings from these were compared and crosschecked against each other to establish the validity of the data gathered. I also used different

sources, for example, I gathered information from headteachers, teachers, students and others on their views and experiences regarding the problem of AIDS orphans in schools and triangulated them against each other to establish categories and themes and also validate the findings.

I compared information obtained from 5 schools with different social backgrounds to establish the differences and similarities of the emergent patterns related to the AIDS problems in schools.

3.6 Issues of ethics and confidentiality

In the initial stages of the study I had planned to inform the AIDS orphans of the basis of their selection. However, while in the field I became more aware of the ethical issues that surround research and particularly the study. For example, I was aware that all aspects of the study even those that might influence the participants' willingness to participate, must be disclosed. The issue of deception was particularly troublesome (Fraenkel & Wallen 1993, Cohen & Manion 1994, Gall et al 1996). All the participants in the study except the AIDS orphans were informed that the study focused on AIDS orphans in schools. However, I did not inform the AIDS orphans that their selection was due to their AIDS orphan status but rather to their status as orphans.

Although I had anticipated that there was a stigma attached to HIV/AIDS, and that both the victims and their relatives did not wish to be associated with it, I was not prepared for the extent to which this was so in the schools. The headteachers wanted to know how I was going to handle the issue and were adamant that identifying the children as such would cause undue stress. Some of the teachers, too, pointed this out to me, whilst others questioned the logic of identifying the different types of orphans;

what was the use of labelling the orphans? They felt that this only added to the stigmatisation.

This placed me in an ethical dilemma. I did not wish to unduly upset the students concerned. I was not sure whether they had accepted that the death of their parents was as a result of contracting HIV (only three admitted it during the interviews), or if indeed they knew it was so (I believe that they did). Schools are like a small community and any “outsider” draws attention. I did not want the other students to start “gossiping” about the students I had sampled, causing them loss of esteem or even lowering their dignity. Although open to debate, in this case I believed:

“Experience is a fine teacher (another Deweyan precept) and the researchers will by the exercise of careful observation develop an intuitive ability to discern what works and what does not, what is appropriate and what is not. By these means they will be able to set the right tone, and unless they do so even the simplest of research procedures will cause subjects to feel uneasy or alienated” (Cohen & Manion 1994:349).

I decided not to disclose this information to the AIDS orphans.

All participants were assured that what they said would be confidential. I have therefore used letters and numbers to represent the different schools and participants.

At the beginning of each interview, I explained the purpose of the study and that participation was voluntary; they could stop at any time. For example, I could sense with one of the students that she was beginning to feel uncomfortable. I immediately asked her if she wanted to stop. She answered positively; hence the interview was abandoned. I also sought permission from both the headteachers and the class teachers.

Summary

This chapter has illustrated the methodological approach that was followed in this study and the methods of collecting the data and the way the samples were chosen.

The justifications of the methodology were made according to the research objectives and questions. There were two different methods of collecting the data; interviews were held with the headteachers, teachers, orphans, representatives of non-governmental organisations, with a counsellor and an educational officer. Questionnaires were also administered to headteachers, teachers, and students. Each method was dealt with separately to illustrate how the data were collected, analysed and presented.

The next chapter looks at the findings and analysis of the interviews.

CHAPTER FOUR

ANALYSIS AND DATA FINDINGS: INTERVIEWS WITH ADULTS IN THE SCHOOLS

This chapter presents the analysis and data findings of interviews with the respondents. It is divided into three sections. Section one looks at headteachers interviews, section two looks at teachers interviews and section three looks at the interview with a school counsellor. As earlier mentioned, the research questions of the study are designed to investigate:

- the attitudes and opinions of headteachers, teachers and significant others towards AIDS orphans.
- the relationships between gender and bereavement through AIDS.
- the relationship between socio-economic status and bereavement through AIDS.
- what problems AIDS orphans face due to loss of parents.
- what social networks exist within and outside the school setting to help AIDS orphans cope with the loss of parent/s.

Data findings.

The emerging themes have been discussed in the light of the perception given by respondents under the following headings:

- Communication of the bereavement.
- Perceptions of the problem of AIDS orphans in schools
- Stigma attached to HIV/AIDS.
- Identification of AIDS orphans.
- Effects of bereavement on the AIDS orphans in schools.
- Attitudes towards AIDS orphans.
- Problems faced by the AIDS orphans in schools after bereavement.
- Factors which influence coping.
- Help for AIDS orphans in schools.

In as much as qualitative researchers may have hunches about what they may discover and come into a study with histories of education and experiences, nevertheless they are primarily concerned with examining the data to find meanings of peoples' words and actions. Their findings are inductively derived from the data. The data in this study was generated through a

focus of enquiry, in other words there was a research problem and therefore the investigations were geared towards this problem. Likewise, when analysing the data I used the research questions to generate themes. Other factors that were used to generate the above emerging themes were the literature review and more importantly the data. The data was used to identify patterns and processes, differences and commonalities and look for themes that kept recurring (Strauss & Corbin, 1990, Miles & Huberman, 1994).

In this chapter, findings for each issue will be discussed in terms of groups of respondents. At the end of each section brief summaries will explore the main findings. This will help to explore what is inevitably a complex data set without loss of subtlety in the findings.

4.1 Headteachers interviews

Five headteachers were interviewed, one female and four male. They were aged 31 and more. One of them had spent not more than 2 years in the school, two had spent not more than ten years and two had spent more than ten years in the school.

4.1.1.Communication of the bereavement

Usually students who lose parents while at school are not informed about it immediately. A relative of the student comes to the schools to inform the school administrative staff, who sends for the student. The headteacher then informs the student that there is a family problem that needs to be sorted out. It is then left to the relative to break the sad news to the student. Four of five

head teachers admitted that it was something they would not wish to do and also that they did not wish to have any commotion disrupting the other students.

“Normally what happens actually the way the system is, when a student loses a parent the one who has been sent for the student is not supposed to go directly to the student and tell the student. They have to come to the administration. So I am usually the first person to get the news and it's my responsibility to know how I am going to break it. Actually it's very hard, very hard to break the news. So sometimes I say, you really have a serious problem at home and they have come to pick you up but it is quite a big problem you will be told about it later”(Headteacher 4, School D, Research interviews, 1998).

In cases where the student is sitting major examinations, especially in a candidate class (senior 4 or 6), they are not informed of the death until they had completed all their papers. The headteachers were concerned that this information could affect the student's performance or stop him/her taking the examination.

“There is a girl doing her exams, she has lost a mother. We said we are not telling her and we have not told her. I don't want to disturb her exams and performance. After the exams I will tell her, ' sorry, but this is what happened, but in your interest we didn't tell you '”(Headteacher 5, School E, Research interviews, 1998)

When asked whether this had happened before he replied:

“ Yes, at one time a student couldn't do the exams and insisted on going home. The student missed a whole year's work, which was very unfortunate. It would have been worse if it was a candidate”(Headteacher 5, School E, Research interviews, 1998).

This information is then passed on to the school community at the school assembly and a notice is put up in the teachers' staff room. This serves to provide information generally and to sensitise others to the plight of the bereaved.

"We say it during assembly. For the teachers there is a blackboard for notices so we put it there."(Headteacher 3, School C, Research interviews, 1998).

Summary.

- Both headteachers and the relatives of AIDS orphans found it difficult to break the news of the death of parents to the bereaved students.
- The administration informed the rest of the school about the death of the parent of one of them.

4.1.2 Perception of the problem of AIDS orphans in schools

Despite efforts to curb the spread of AIDS, the numbers of deaths of parents due to AIDS in schools is continually rising. Although the headteachers did not have any statistics on this they pointed to it as a serious problem in schools. Four of the headteachers had this to say:

"Yes in this school every week we register 2-3 deaths of parents. The numbers increase all the time"(Head-teacher 1, School A, Research interviews, 1998).

"The trend is on the rise. Because every year we get new parents, some are already

victims and have been on drugs for a long time so their time is over. You hear that so and so has died. So it is not going down, it is going up. We get deaths from accidents or other things like sudden death from heart attack pressure but the majority is from AIDS". (Headteacher 5, School E, Research interviews, 1998).

"Most of our students, about half of them, are orphans, so you can see it's serious"(Headteacher 2, School B, Research interviews, 1998)

"It's really bad and the problem is increasing of orphans. Many parents are sick and continuing to die. We don't know what to do. (Headteacher 3, School C, Research interviews, 1998).

Summary.

- In the above findings, headteachers viewed the problem of AIDS orphans in schools as a major one.

4.1.3 Stigma attached to HIV/AIDS

All the five head-teachers pointed out that despite the extensive efforts to educate the masses about HIV /AIDS and to develop a positive attitude towards AIDS victims, it was still considered a shameful disease and many did not want to be associated with it.

"As you may know, in this country although for some time the current government and the public have tried to come out openly and talk about AIDS, it is still in other people's mind still a taboo so they wouldn't like to say openly that so-and-so has died as a result of contracting AIDS" (Head-teacher 2, school B, Research interviews, 1998).

Many people still attribute it to having many sexual partners and it is taken as immoral and therefore a social embarrassment. As head teacher 4 pointed out:

“When a person dies of HIV/AIDS, as per now people who die of this are looked upon as immoral and as people who have many sexual relationships. Therefore it brings that kind of sense of shame to the members of the bereaved family”(Headteacher 4, School D, Research interviews.1998).

Asked whether any of the children had at any one time communicated that their parent had died of AIDS headteacher 3 vehemently replied:

“No, no you see it is a shameful disease. No one wants to be associated with it.”

Summary.

- All the headteachers mentioned that a stigma was still attached to HIV/AIDS
- This stigma made the identification of AIDS orphans difficult.

4.1.4 Identification of AIDS orphans

Generally most people's perception of orphans is of needy children. This was directly voiced by one headteacher:

“In our culture orphans are taken to be banaku (needy)”(Headteacher 1, School A, Research interviews, 1998).

Another subtly implied it thus:

“Sometimes you see a student who calls himself an orphan, he comes with a briefcase as his school bag and walks majestically, very expensive, so calling him an orphan is just mockery”(Headteacher 2, School B, Research interviews, 1998)

It was for this reason that some orphans did not want to be identified as such, especially those with high socio-economic status.

“And another thing is that some of these girls are from well-to-do families so they feel that being identified as an orphan means that you are now poor and needy” (Headteacher 1, School A, Research interviews, 1998)

All five headteachers also acknowledged the difficulty involved in identifying AIDS orphans since there was limited discussion on this type of death mainly due to stigmatisation. This not only makes identification of people living with AIDS difficult but also hinders the identification of AIDS orphans too.

“Even the relatives who come to fetch the student don’t give you this information. But you can hear it from others, sometimes teachers or friends. But also sometimes it’s easy to tell because you can notice the parent just getting finished slowly. They become sick and then you hear that they have passed away. So you put two and two together. Also if one [parent] dies then the other, then it just confirms it”(Headteacher 3, school C, Research interviews 1998).

Another headteacher, voicing the same opinion, said:

“The other time we were trying to find out the children who had lost their parents to AIDS it wasn't easy - it is very difficult; they do not want to talk about it because of the shame associated with it. They'd rather not talk about it”(Headteacher 5, School E, Research interviews, 1998)

The only means of identifying these children were through observation, in cases where the parent was an active member of the school, or rumours.

“Mainly through rumours and also if the parent was active then you notice him or her getting sicker. But like I mentioned before, if it is AIDS then it's a problem but the other deaths, well, that they may tell you outright”(Headteacher 5, School E, Research interviews, 1998)

Summary.

- Identification of AIDS orphans was difficult due to cultural connotations attached to the term orphan, and the stigma attached to HIV/AIDS.

4.1.5 Effects of bereavement on the AIDS orphans in schools

Four of the five headteachers pointed out that after parental loss some of the children became moody, reserved, cried often, did not do their homework and assignments and there was a general decline in their academic performance. Boys, in extreme cases, had outbursts of anger and aggression. One headteacher diagnosed it as follows:

“They tend to be stubborn” (Headteacher 3, School C, Research interviews, 1998),

but clearly the problem is more complex than this.

As mentioned above, some students do not want to be identified as orphans and therefore try to act normally:

“But it is astonishing to see how these young men react. Some of them when they have lost their parent, they don't show it until a later stage. When they come back they don't show it. You can expect someone to come back grieving, so sorrowful and worn out, but only to see someone who has accepted whatever has happened. You realise later that the person gets discipline problems or for some their academic work suffers, because I think now the impact of the death is taking its toll as opposed to the initial stages where perhaps someone is in the denial stage. But later a student who was performing very well starts deteriorating, one who used to get good grades doesn't do as before. That's when you realise that he is facing another stage and needs to come to terms with the situation and loss of parents especially if the person was very close to the individual; that's when it's very hard. And in [some] situations you find the student becomes an outcast, he does not want to join others, he has outbursts and sometimes you even see fighting; they don't want to do any work like homework, assignments and so on” (Headteacher 4, School D, Research interviews, 1998)

One headteacher commented that some bereaved students did not seem to be affected by the loss and that it was very difficult to notice if there is a substantial effect. This was due to the set programme in the school; the bereaved students just follow it and blend in with the others.

“You may not notice anything different from others. You may expect someone who has lost a parent to be badly off psychologically but because here they are with their peer groups, they socialise, everything in the school is programmed. You can't identify one that this one is psychologically affected because she or he lost a parent; that one it's not easy to identify” (Headteacher 3, School C, Research interviews, 1998)

Summary.

- Students were affected differently by bereavement.
- Effects included moodiness, being reserved, frequent tears and a decline in academic work.

- Some seemed unaffected by the bereavement.
- The effects of bereavement often went sometimes whether they were well concealed that the headteachers did not notice them, or whether it was done intentionally is in question.

4.1.6 Attitudes towards AIDS orphans

Attitudes of headteachers.

As already highlighted in Chapter One, one of the objectives of the study was to investigate the attitudes of headteachers towards AIDS orphans.

In order to ascertain the attitudes of headteachers towards these students I looked at what they as administrators were doing for the orphans and how they perceived the whole problem. All five headteachers revealed a positive attitude towards the plight of orphans and the problems that they were facing at this particular time. Four of these headteachers had intervened and were not charging them school fees and providing other physical materials for the orphans, using funds available to the school. One of these headteachers had personally intervened to solicit funds from outside sources and had started an income-generating project which was helping pay school fees for some of the orphans.

“Then he [an NGO representative] came back and told me, ‘can you put up some financial implications, if you are going to look after say 5 orphans what would that mean?’ So we started calculating how much milk it would yield, I found that I could

pay school fees for some few; of course others would remain but it could pay for some few. And after six months he came back and told me 'You know what? They have accepted to fund this project...' So they gave us [the money]” (Headteacher 1, School A, Research interviews, 1998).

On the issue of helping the orphans themselves solicit for funds two out of the five headteachers were already doing it and two showed a willingness to intervene. However, one headteacher felt that the school had a lot of other responsibilities and therefore would not involve itself in this.

All the headteachers interviewed felt that the orphans needed a good deal of support at this time. However, they acknowledged that the school could not provide much help because the orphan numbers, and in particular those of the AIDS orphans, were rising and the schools did not have the manpower, time and finance to do much:

“The school has nothing really. It can't help because it doesn't have money to do so. It would have liked to help but it's just a financial problem”(Headteacher 3, School C, Research interviews, 1998).

In fact one head-teacher commented that he was willing to admit no orphans into the school unless someone was going to pay school fees for them:

“Unless the orphan has someone to pay for them I am reluctant to admit them into the school. If you accept so many, say about 300, I mean I have my obligations to the school, then, if I have so many orphans, how am I going to pay my teachers their allowances? I can't realise that money”(Headteacher 2, School B, Research interviews, 1998).

What was evident therefore, was that a very small percentage of orphans could benefit from such efforts.

Attitude of others.

As already highlighted (Chapter One), the study also sought to investigate the attitudes of significant others towards orphans. All headteachers interviewed pointed out that in most cases immediately after the death of a parent, there was someone who took care of the orphan, which reflected a positive attitude towards their plight. However, it became difficult after a time due to economic restraints.

One headteacher had this to say:

“The problem is that the students, they don't come with school fees. When we send them home, sometimes people they come and say they are going to try but eventually they fail; and some of these people have just taken over the families and they don't know exactly what it means. They have the wish to help but eventually they find that they can't help” (Headteacher 1, School A, Research interviews, 1998)

Another said:

“Some orphans someone takes care for[of] them after the death of the parent and promises to take care for[of] everything but as time goes on he does not do so. He also has his own burden he says ‘you see I am just helping; be patient, I will pay’”(Headteacher 2, School B, Research interviews, 1998)

It was also evident that fellow-students had a positive attitude towards the plight of their peers. This was strongly evident in two schools, which were fund-raising for orphans. In one of these schools students had set up a trust fund to help.

“It is a trust fund set up by the former head prefect of the school and at the beginning of every term he makes an appeal to students to raise funds, at least to raise a term’s school fees; and when the students are really serious they don’t fail, there’s no difficulty in raising this amount”(Headteacher 4, School D, Research interviews, 1998).

However, it should be noted that this help was not meant for the AIDS orphans only but all orphans in general and needy students in particular.

In School E, students were contributing towards fees and scholastic materials for the son of the school lorry-driver assistant who had died through contracting AIDS. They had been doing so for the last seven years; the boy was in senior one, but at a different school.

Most non-government-organisations (NGOs) were willing to help and had a positive attitude towards the orphan problem. For example, in school A, an NGO financed a heifer project. The headteacher contacted an organisation and although this organisation was not itself able to help it solicited for funds from another organisation.

“He said that, ‘You see, us Association X, we do not have the funds but we can solicit for them’. He said that if your project is selling, the people I talk to might help. So I wrote it and gave it to him and he told me to take it to Association Y. Then he came back and told me’ Can you put up some financial implications. They have accepted to fund this project but the funds are passing through Association X because I passed my application through them so it would be supervising this project. So they gave us”(Headteacher 1, School A, Research interviews, 1998).

The headteacher then set up a project, which could pay the school fees for the orphans. However, it is clear that personal contact was a vital component in whether help would be extended or not. In schools where headteachers did not go out of their way to solicit for funds it was not provided. In another school the AIDS Control Programme visited the school and although it did not single out the AIDS orphans they taught students about HIV and AIDS.

“For us we involve the AIDS control program (ACP) ...They come here to talk to the students, support our programmes with money, support us to reach other schools, talk to the community...They talk about prevention, they come with AIDS victims who talk to the students and show that they are living positively”(Headteacher 5, School E, Research interviews, 1998).

One headteacher acknowledged those individuals, when approached, were sometimes willing to help. It was, however, pointed out that personal contact with such individuals was a necessary pre-requisite.

All five head-teachers interviewed pointed out that the teachers played an important role and generally evinced a willingness to help such children. They said that most teachers were willing to talk to them; however, other factors like lack of time, resources and economic restraints, hindered this.

“Well, since these children are known to the teachers, the teachers talk to them and discipline them. But then, you also have to put in mind that the teachers have a lot of work and because of economic hardship they have to make ends meet. The effectiveness depends on how much time the teacher has and how much interest too. But the teachers try to be helpful” (Headteacher 3, School C, Research interviews, 1998).

Although the plight of orphans was positively acknowledged, three of the five headteachers felt that the orphans too had a part to play and should not totally rely on others. This has been discussed above.

Summary.

- There were positive attitudes towards the plight of AIDS orphans.
- Economic and time constraints were major hindrances to the amount of help extended to the orphans.

4.1.7 Problems faced by AIDS orphans in schools after bereavement

The study endeavours among other things to investigate what problems orphans face at school after the loss of their parents.

One of the problems faced by some of the orphans was that of school fees and money for such things as scholastic materials and pocket money. Usually, students are given 2-3 weeks after a term begins to pay any school dues. Orphans, especially those with low socio-economic status, found school fees a problem. This resulted in either school dropout or transfer to a cheaper school. However, one headteacher pointed out that the school fees problem was a problem of need rather than of being orphaned. In some cases orphans with high socio-economic status did not find this a problem. All four headteachers in the residential schools concurred that since these schools had higher fees, the relatives or guardians of the orphans opted to move them to a day

school, which usually required less money. However, it was extremely difficult to know whether the children had completely dropped out of school or just changed schools.

Psychological problems included feeling out of place or lonely, becoming reserved, moody, having a sense of not belonging, having no one to confide in and being overworked at home. These were exhibited by most orphans whatever their socio-economic status. Students generally felt embarrassed to admit that they were needy and were therefore difficult to identify. This was particularly so with the AIDS orphans because they did not want to discuss either their situation or their problems. In cases where the parents had died during the holidays, the school took a long time to find this out, if indeed they ever did. This was evident when I requested permission to talk to the orphans; some of the teachers were not aware of the students' orphan status.

It was also evident that the orphans had difficulty in finding someone to confide in when faced with problems. There are no proper counselling units in the schools and where available they were not very effective, due to a high ratio of students compared with counsellors and also the willingness of the orphans to use such facilities.

Four of the five headteachers interviewed mentioned that, after their return to school, some orphans acted normally but later began to have discipline problems, for example fighting, or dodging classes and assignments: This often led to academic decline.

Summary.

- It was sometimes difficult for headteachers to identify the problems that AIDS orphans faced.
- Some of the bereaved students faced financial and/or psychological problems.
- Financial requirements included school fees and scholastic materials.
- Psychological problems included lack of a sense of belonging, loneliness and no one to confide in.
- Socio-economic status was one of the factors that determined the extent of difficulty in payment of school fees. (Orphan status itself was not a determinant of the school fees problem).
- There were weak networks (if any at all) within the school setting for bereaved students seeking help.
- Bereaved students were often unwilling to seek help.

4.1.8 Factors that influence coping

The headteachers pointed out some or all of the following factors:

1. One headteacher expressed the views of the rest. She said that in most cases elder children came to accept the death of their parents more quickly than the younger ones:

“They were working in the dining [room] because we had visitors. Those ones didn't mind, they were mature but the young ones do” (Headteacher 1, School A, Research interviews, 1998).

2. The socio-economic status of the family and availability of material support also affected the way in which the children adapted to the loss of their parents:

“Some come from well-to-do parents; these are the majority of our students. So, for such children, you may find that the parents left property, so school fees may not be a major problem. But for the poor students this is different, especially if the one who has died is responsible for the student financially” (Headteacher 5, School E, Research interviews, 1998)

3. Extended family support and social network; students with this support coped better than those without

4. Relationship with the deceased; one headteacher voiced the views of two others. They noted that if the deceased was close to the bereaved this made adaptation to the loss more difficult.

“That's when you realise that he is facing another stage and needs to come to terms with the situation and loss of parent, especially if the person was very close to the individual, that's when it's very hard” (Headteacher 4, School D, Research interviews, 1998).

Summary.

- Factors that influenced coping included age, socio-economic status, family support and social network and closeness to the deceased.

4.1.9 Help available to AIDS orphans in schools

As already highlighted in 2.1, I am inclined to think that the availability and quality of social support and significant others in the life of the orphan at this time is an important factor in the way in which the individual will cope with the loss of parents. The study therefore investigated what social networks existed within and outside the school setting to help such children.

Financial/material help.

Four of the five headteachers said that the school offered school fees and other material support to orphans, using funds available to the school. This support was provided to needy students with high academic performance:

“But, in a situation where the boy is really good academically and the school doesn’t want to lose him because of lack of funds, what we do is that we present a request to the members of the board and financial committee to see where the school can come in, or we try to get a benefactor to assist him” (Headteacher 4, School D, Research interviews, 1998).

“”It depends on their performance, if it is not outstanding we do not take them up. But if it is outstanding we try to help (Headteacher 1, School A, Research interviews, 1998).

One of these headteachers, however, pointed out that the school paid half while the other half, scholastic materials and other personal needs, was the student's responsibility:

"The school pays halfway [school fees] and the rest they have to contribute."(Headteacher 2, School B, Research interviews, 1998).

The four headteachers also pointed out that this help was limited and extended to not more than three students at a time. All acknowledged that the school had no funds to do more:

"Just two or three. The school would have liked to do more but we can't afford it, we also have other commitments."(Headteacher 4, School D, Research interviews, 1998)

In school C the headteacher pointed out the school did not help because it could not afford to do so:

"The school has nothing really. It can't help because it doesn't have money to do so. It would have liked to help but it's just a financial problem."

Two of the headteachers (A& D) tried to raise funds for the orphans outside the school. However, the rest felt that this was beyond their remit. The headteacher in school A maintained that schools had more opportunities to raise and obtain funds due to personal contact with people of influence and that when funds were acquired they were more likely to be used for fees. This also safeguarded the student in cases where the funds are late.

In school A, orphans are given a choice of whether to stay at school during the holidays or go home; in the other schools this was not the case because this would mean extra funds for feeding them and so on.

Although the school deferred payment of school fees for the orphans, the headteachers noted that guardians found it more and more difficult to pay because arrears kept accumulating. The schools therefore felt they could no longer comfortably render this service. Moreover, the numbers of orphans were increasing. Usually the school deferred payment for 2-3 weeks at the beginning of term, at the end of which students who had not paid were sent home.

The headteachers mentioned a number of organisations which at one time or other had supported the orphans by paying school fees and providing material help in the form of scholastic material and personal items. These included the Ugandan Government through the Ministry of Education, Kampala City Council and district administrations, religious organisations, parents in the school, guardians, other individuals, and fellow students.

One headteacher summed it up as follows:

“Well, they are many. Government used to pay bursary but that is no longer existing because I have not seen any from the Ministry and this was for war orphan.

There was also Save The Children Fund. That one was very thorough and we had about 40 students, they were paying the full amount of school fees plus transport and other things. Now the district administration is paying bursary not the full amount but something. For example, x district is paying 75,000 [shillings]. We have NGO's who cater for a few students then the churches like Y. Also from abroad - but this is all on individual basis- students write to those people and they write cheques to us” (Headteacher 2, School B, Research interviews, 1998).

What was evident, however, was that the capacity to sustain this help was very fluid. The reason was that the number of orphans was increasing and there was great financial pressure. The government was only catering for a few war orphans out of moral obligation.

“It [the government] will not be in position because the numbers are big, it would be a bit selfish to imagine that government could help AIDS orphans before it helps war orphans.

As far as the government is concerned AIDS problem is too big. It has tried to provide free primary education to all. But then they are calling children to school who even don't have a home!”(Headteacher 1, School A, Research interviews, 1998).

Another headteacher commented,

“The government has offered UPE [Universal Primary Education] but other things are involved, feeding meals, scholastic materials, uniform and the like. How it is going to be done I don't know. It's a lot of money, that is why I have doubts whether it can do anything for orphans. You see, even the war orphans are hardly taken care of.”(Headteacher 5, School E, Research interviews, 1998).

Although some NGO's had shown willingness and ability to help at one time, this has been hindered by factors such as changes of policy, the high cost of school fees and lack of adequate funds. Most of them had stopped supporting orphans through/in schools and it was now being done on an individual basis.

“We used to have this organisation, Save the Children Fund. It used to cater for the orphans so it used to help. But this no longer operates. If they are, then it's on an individual level. But three years back this lady used to come and sit with a group of students, talk to them, follow their academic progress and also clear school fees” (Headteacher 4, School D, Research interviews, 1998).

The five headteachers interviewed pointed out that the availability of this kind of help also depended on personal contact with the schools and/or individuals in the schools and also the academic performance of the student.

“Well, there are many well-wishers, but putting it into reality is the problem. About 4 years ago one of the parents lost a daughter in an accident but before she died she had come to the mosque to start up a scholarship scheme. She would use her father to solicit funds to help orphans. So after she died the father said that I should go on with the project but somehow it got frustrated. So individuals can help. There is also one of my friends, a member of the electoral commission, she did her research on AIDS too. She was willing to pay school fees for a girl who has lost both parents but very bright. So now that clause is a problem - very bright” (Headteacher 1, School A, Research interviews, 1998).

Fellow students too have contributed through setting up a trust fund while others have made individual contributions to pay for the orphans school fees. This was evident in two boarding schools.

“It is a trust fund set up by the former head prefect of the school and at the beginning of every term he makes an appeal to students to raise funds at least to raise a term’s school fees and when the students are really serious they don’t fail; there’s no difficulty in raising this amount. As far as who is supposed to benefit from this trust fund, well, we look at various aspects of the individual like intelligence, if they are needy, discipline - that’s really the requirements- so it is not basically for orphans. You see a student might be an orphan but well to do and can afford school fees comfortably; person like that we don’t give” (Headteacher 4, School D, Research interviews, 1998).

In another residential school the head teacher had this to say:

“And on top of that, when they go to the mosque students contribute themselves. We also have another case, this is the whole school that contributes. A girl came here and told us she was withdrawing from school, in fact she studied 1st term, she didn't come here for O'level, she was in senior five. In the second term she came quite late 2 weeks she had come to collect her things. She said, ‘You see my guardian is saying that I should get married because there is no money to pay fees’. So I called the head girl who is a Muslim, and I told her there is a boy who came here and addressed the senior six girls that he had a problem and they fund raised for him. I felt a little bit uncomfortable about it. I told her the other time you fund raised for the boy who you didn't even know, now here is one of your friends, she does not have school fees. So the head girl went to campaign for her and they raised school fees for her, for both 2nd and 3rd term she is completing S.5 so I do not know what will happen next, because the regime is changing, there is going to be a new cabinet so I don't know if they will continue to fund raise for her” (Head-teacher 1, School A, Research interviews, 1998).

School intervention to solicit for funds for the orphans was evident in two schools. These headteachers felt that schools have more opportunities for raising and acquiring funds due to personal contact with influential people. These would not only be used for the purpose for which they had been acquired, but to also safe guard students in cases of delayed payment:

“The school process is better because the money is properly used. Because if you gave the orphan money or gave it to the guardian, there are so many problems they might use it. Even when the money delays, the institution can wait because it has more trust [in the organisation] than it has in an individual. Schools are better in a way that individuals go to organisations and claim to be looking after orphans but when they get the funds they use it for their own things.” (Headteacher 1, School A, Research interviews, 1998).

Three headteachers felt that raising charitable funds was out of the school jurisdiction. They felt that the numbers were too big and that it would require a lot of time and resources, things that the school did not have. However, two of these headteachers were willing to consider it in future.

Psychological help.

The study looked at psychological help in terms of formal and informal counselling in the schools and also moral support extended to bereaved students. Only two schools had counsellors; One school had a full-time counsellor employed by the school, while the other was a full-time teacher but given responsibility as a part-time counsellor. In school A, the counsellor was a part time student doing a Masters degree in counselling and guidance at one of the universities. The counsellor in school D, had received training in basic counselling skills at the undergraduate level. Lack of professional counsellors was one of the problems the schools faced. One headteacher put it this way:

“Usually when headmasters meet, what is done here is that, during selections when S.6 and S.4 students’ results are, out various head teachers go for selection. So during this time some of the issues come out. We had some seminars and workshops organized at the beginning of this term on regional basis. We came up with something but they [the ministry] answered aaahaah [no]. We had tried to see ways and means to improve the education of their children and one of the issues is that for a long time we do not have counselling because all along counselling has been neglected and has not been given its due place, simply because that, when you come to school you come for intellectual, academic nourishment, and that is all, but now as society changes, as we get these problems of so many orphans, problems of young people getting into drugs and so on, then people have to realise that counselling is a very, very vital service that must be incorporated into the education system to assist children with problems” (Headteacher 4, School D, Research interviews, 1998).

Another said:

“But formally, we do not have counselling because it is not an established post. It is needed but the Ministry thinks in terms of career guidance, but people who are trained for career guidance are trained for this and not counselling. So what we do here, we formalise form periods and we have informal talks. I have encouraged students to come to me whenever they have a problem” (Headteacher 5, School E, Research interviews, 1998)

The headteachers pointed out that employment of counsellors in schools was an issue that had been debated in headteachers meetings, and recommendations had been passed to the Ministry of Education to employ counsellors in each school. However, for economic reasons the ministry had rejected it. The other three headteachers pointed out that their schools could not afford to employ full-time counsellors but relied on individual contributions within the school. For example, in all the schools, teachers were used to counsel and console the students but this was done on personal/individual basis without obligation:

“The school pays for this counsellor; I don't think we can afford another one. The Ministry does not give schools provision for this. We rely on the teachers and ourselves to try and do the job” (Headteacher 1, School A, Research interviews, 1998).

All five headteachers pointed out the importance of a counselling unit. Even in the two schools that had formal counselling, not much was being done due to the large student numbers. For

example, there were approximately 800 students to one full time counsellor in school A whilst in school D it was one part time counsellor to approximately 900 students.

All the headteachers acted as counsellors and sources of moral support to the bereaved students.

They also encouraged teachers in their respective schools to do the same:

“Formally we do not have counselling because it is not an established post. It is needed but the Ministry thinks in terms of career guidance, but people who are trained for career guidance are trained for this and not counselling” (Headteacher 5, School E, Research interviews, 1998).

Another said:

“I am afraid we have nothing. We should have a sort of counsellor but the Ministry does not have this post. At the moment the school does not employ one. We don’t have the money” (Headteacher 2, School B, Research interviews, 1998).

In one school the headteacher commented on the lack of discipline of some orphans. When asked what is done about it the head teacher had this to say:

“Normally, they are the ones who dodge classes, escape from school. But we have tried to discipline them...Well you know the African way, caning. We try to talk to them but like I said the African way obviously we use.”(Headteacher 3, School C, Research interviews, 1998).

In some cases orphans are ostracized during bereavement because the headteachers are not aware of their predicament. One headteacher commented on a case where the student would have been punished instead of consoled if the headteacher had not discovered the student's predicament. This may be due to problems in identification or lack of communication within the school setting.

News of the death of anyone connected with the school was announced during the school assembly and also noted on the staff notice board in the staff room. As is customary, when funds permitted, the school sent representatives to the burial.

Three headteachers pointed out that sex education in the schools was used to educate the students about HIV/ AIDS, infection and prevention. One of the headteachers also mentioned that students were encouraged to be sympathetic to AIDS victims. Asked whether death education and ways of dealing with bereavement had come up as a topic all the headteachers replied negatively.

Summary.

- Financial help was extended to orphaned students on the basis of how needy they were.
- Due to time and economic restraints the schools limited help to orphaned students.
- There was no effective counselling for bereaved students in schools.
- The need for effective counselling units was acknowledged by all headteachers.
- The schools perceived employment of counsellors as the duty of the Ministry of

Education.

- Students were not prepared on how to deal with bereavement (death education) in school.
- There was limited and dwindling financial and social support for orphans within the school setting.
- This could be attributed to economic constraints and the large number of orphans.
- Financial support was on an individual basis.
- High academic performance of the student and personal contact were factors that determined availability of support.
- The majority of the headteachers had a positive attitude towards school intervention to raise funds for needy orphans.
- School intervention was seen by headteachers as hindered due to lack of time and resources, and also the large number of orphans.

4.2 Teachers interviews

4.2.1 Teachers interviews in school A

School A was a girls’ residential school situated about 3 km from Kampala City centre. The table below shows the numbers of teachers interviewed, gender, years spent in the school and responsibilities held at the time of the interview.

Teacher	Gender	Years spent in the school	Responsibilities
Teacher 1	Female	13	Teacher, House mistress
Teacher 2	Female	13	Head of Department, Teacher
Teacher 3	Male	15	Class teacher and Head of Department
Teacher 4	Male	10	Class teacher and Head of Department

Table 4.2.1 Demographic features of teachers in school A

4.2.1.1 Communication of bereavement

All the four teachers interviewed pointed out that they usually heard about the death of parents through the administration. It was mentioned during the school assembly and this information was also put up on the notice board in the staff room. However, two of the teachers concurred that sometimes this information did not reach the teachers due to their absence during assembly time and/or the fact that they did not read the notice on the board.

Teacher 1, summing up the view of the rest, said: *“They [the administration] tell us, the teachers in the staff room, they write it on the board and also during assembly they announce it.”* Teacher 3, voicing the same opinion as teacher 4 said: *“ The information is passed on to us [teachers], but you see you may not get it. You may be out of the school for a few days, or even that, that day you had a lesson late in the day, you know, with all the rushing you may not read the notice board”*.

They also mentioned that they sometimes got this information through the friends of the bereaved, colleagues, from the notice board and from the bereaved students.

Summary.

- The main mode of receiving information of the death of parents was through the administration, however, sometimes the teachers did not get this information.

4.2.1.2 Perceptions of the problem of AIDS orphans in the school

Although all four teachers concurred that during their stay in the school many children had lost their parents and that the numbers were increasing, teacher 2's reply was perplexing. When asked to comment on her perception of the AIDS orphan problem in the school she said that it was very difficult to differentiate between an AIDS orphan and one who was not; she also queried the rational of labelling the students as AIDS orphans. What was important she insisted was helping those who were needy. However, later, when commenting on what the school offers to such children, she answered:

“How can the school afford to help these children? The number is increasing every other day, so I think that the school cannot come in to help; it will be too much for them”.

Summary.

- The majority of the teachers agreed that there were a large number of AIDS orphans and that many were still losing their parents.

4.2.1.3 Stigma attached to HIV/AIDS

Three of the four teachers interviewed maintained that HIV/AIDS was still considered a shameful disease and many did not want to be associated with it. They felt that the students who had lost their parents to HIV/AIDS did not want others to know it and said that they had not had any child informing them that the parent had died of AIDS. They further pointed out that it would make them feel very awkward to open up such a discussion with the students concerned.

However, one of the four teachers felt that there had been a lot of publicity on HIV/AIDS and therefore it was an accepted disease. *“Now it is a world-wide thing. If you lose a parent to AIDS no- one can laugh at you, that so and so has lost her parent to AIDS.”*

When asked whether any bereaved student had discussed it with her, she answered negatively. She pointed out that she did talk to orphans in the school and that she would not be embarrassed to talk to AIDS orphans because she had two nieces under her care who were AIDS orphans.

Summary.

- The majority of the teachers maintained that there was still a stigma attached to the disease despite extensive efforts to educate the masses.
- None of the teachers had received acknowledgement from bereaved students that their parents had died as a result of contracting HIV.
- Identification of AIDS orphans was complicated due to the stigma attached to the disease.

4.2.1.4 Identification of AIDS orphans in schools

As already mentioned above, teachers usually got information about the death of a parent through the administration. This was the main mode of identifying orphans.

Two of the teachers pointed out that bereaved students did not usually like to be identified as orphans because of the connotation attached to orphans. They did not want to be identified as needy, especially those from high social economic status families.

Three teachers further pointed out that identifying AIDS orphans was further complicated due to the stigma attached to the disease. Although the teachers identified signs of the illness in parents who were active in the school and who had passed away after a long illness, it was only through personal observations and hearsay and was never clinically confirmed. Teacher 4 put it aptly:

“You can only suspect that such and such a parent is sick of that disease. You see the parent thinning slowly; he or she looks sickly. Then next you hear that she or he has died. You may hear it being discussed in the staff-room that the person had AIDS but

that is all. The student concerned cannot tell you that the parent died of AIDS. You see, it is an embarrassing thing. You tell the student sorry and you keep quiet.”

Summary.

- Teachers perceived identification of AIDS orphans to be hindered due to both the cultural connotations attached to the term orphan and the stigma attached to HIV/AIDS.

4.2.1.5 Effects of bereavement on AIDS orphans in schools

The four teachers interviewed pointed out that some of the students became depressed, less active in class, isolated themselves from others and lost interest in academic work, which led to a decline in their academic performance. However, for some bereaved students there was an improvement in their academic performance. Three of the teachers attributed this to the students' belief that education was their only hope for a brighter future and that they fully immersed themselves into their academic work to the detriment of their social life. Teacher 1 acknowledged that some of the bereaved students looked drained after they came back to school from the burial and frequently visited the sick bay.

Summary.

- Students were seen to be affected or to react in different ways to bereavement.
- These included: they became depressed, less active in class, isolated themselves, lost interest in their academic work, became less active in class and fell ill frequently.

4.2.1.6 Attitudes towards AIDS orphans

- All the four teachers portrayed a positive attitude towards the plight of bereaved students. They acknowledged extending a word or two of condolence to bereaved students. However, effective counselling by most of the teachers was not evident. Teacher 1 had this to say,

“It depends, if you have a good relationship with the student you just say ‘sorry’ and tell them to be brave. But also you fear, what if she starts screaming then that is a problem, worsening the situation. They will cry and cry, so you fear. So you just say, ‘sorry, sorry’ but if you start making an issue of it, it can be a problem. You see, these girls, when they come from home, they want to forget about it.”

Teacher 2 pointed out that she personally talked to bereaved students and offered comfort whenever she could. She also arranged for material help whenever possible: *“I have always done it [talking to the bereaved students] because I have orphans. I put those students in my picture now.”*

Teachers 3 and 4, like teacher 1, maintained that it was sometimes difficult to counsel a student extensively unless the teacher you had a good personal relationship before the bereavement. Only in such cases would the teacher be able to offer real help to the bereaved student.

Three of the teachers pointed out that, although the bereaved student may have some one to care for them after the death of parent(s), some of these people squander property left behind by the parents, then fail to take good care of them.

All four teachers interviewed concurred that peers were very influential during the bereavement period. Teacher 2 pointed out that in most cases whenever the bereaved faced a problem it was the friends of the bereaved who reported it to the teacher to intervene.

“It is the friends of these children that come and tell me she is like this and like this. She does not have this or that, or that so and so cries the whole night. So sometimes I talk to the student and if I can I help.”

Summary.

- The majority of the teachers portrayed a positive attitude towards the orphans.

4.2.1.7 Problems faced by AIDS orphans in schools after bereavement

The four teachers interviewed pointed out that one of the major problems that the orphans’ faced was that of school fees. The orphans sometimes did not have money to buy textbooks and other scholastic materials and lacked pocket money. This was more evident with students of low social-economic status. The teachers however acknowledged that most of the students in the school were from high social-economic status families and although they had late fees payment, it did not necessarily lead to school dropouts. They pointed out that they had not come across cases where an orphan dropped out due to lack of school fees.

The four teachers also pointed out that students, especially those of high economic status, did not like to be identified as needy students and therefore most of them did not discuss their personal problems. Hence, it was difficult to identify orphans with problems.

Although the school had a counselling department, the teachers pointed out that most of the students still lacked the courage to use such facilities in times of need, nor did they approach the teachers for help. A quotation from views expressed by teacher 3 summaries these viewpoints:

“They rarely talk to teachers. They are not very open to teachers.”

None of the teachers had referred students to the counsellor.

The four teachers interviewed also explained that psychological problems were particularly evident after visitation day (when parents /guardians who came into the residential school to visit the students, brought in more personal supplies and checked on students’ progress). Teacher 1 put it aptly:

“There is also a psychological problem on visitation day because they are not visited, the parents are dead. The relative can send something, but still, they want someone there. So you see them dodging, they do not want to take part in anything. In fact for nearly a whole week after that they are disturbed and disrupted in their work.”

Summary.

Teachers acknowledged that:

- some of the orphans faced financial and/or psychological problems;
- financial difficulties included school fees and scholastic material;
- Socio-economic status determined the extent of financial difficulties;

- they were not aware of any AIDS orphans who had dropped out from school;
- cultural connotations attached to the term orphan hindered identification of orphans' problems;
- Visitation Day in the school triggered psychological problems;
- students did not effectively use the counselling unit in the school;
- the teachers did not effectively use the counselling unit.

4.2.1.8 Factors that influence coping

The teachers mentioned the following factors,

- 1 Teachers 1, 2 and 4 mentioned that with time the bereaved students came to accept the loss and adjusted accordingly.
- 2 All the teachers pointed out that family support and the social network facilitated the adjustment of these students to their loss.
- 3 Availability of material support and the socio-economic status of the family. The teachers pointed out that when orphaned students were adequately provided for in terms provisions, pocket money and school fees, then their adjustment to the loss of their parents was easier. This was evident with students from high socio- economic families.

4 Teachers 2, 3 and 4 noted that the relationship with the deceased also influenced how the students coped with the death.

Teacher 4 said:

“There was this mother, she used to come every fortnight to see her daughter. Even the time she was so sick but she did not stop coming. When she died the daughter really had a terrible time. We thought that she will not be able to continue with her studies. She used to cry all the time; she had lost interest in everything. Can you believe, even combing her hair? It was really bad.”

Summary.

- Factors that influenced coping included, time, family support and social network, availability of material support and socio-economic status, and the relationship with the deceased.

4.2.1.9 Help available to AIDS orphans in schools

It was evident that teachers advised and consoled bereaved students whenever they could. In a few cases they offered material help too. All the four teachers interviewed said that in most cases they extended a word or two of condolence to the bereaved student and that in cases where financial difficulty was brought to their attention they tried to help.

Teacher 4 summing up the views of the rest said:

“Whenever I meet a student who has lost a parent I say ‘sorry’. I tell her that she has

to be brave and concentrate on her studies and that life has to go on. If I can I give her something. Sometimes you get to know that so and so is not okay, she does not have sugar or some other essential. If I am okay then I help.”

Although the four teachers acknowledged that the school had no means of supporting orphans, they felt that it still had a role to play in trying to solicit for funds for the orphans. They believed that the school had greater influence in doing this.

Summary.

- Financial and psychological support was on individual basis.
- There was very little financial or psychological help given to bereaved students.
- All the teachers maintained that the school should intervene to solicit funds for orphans.
- They acknowledged that the school could not personally support the orphans due to financial implications.

4.2.2 Teacher interviews in school B

School B was a mixed day school situated about 3 km from Kampala City centre. Four teachers were interviewed. The table below shows the number of teachers interviewed, gender, years spent in the school and their responsibilities at the time of the interview.

Teachers	Gender	Years spent in the school	Duties
Teacher 1	Female	10	Class teacher
Teacher 2	Male	8	Head of Department and class teacher
Teacher 3	Female	8	Class teacher
Teacher 4	Male	7	Class teacher

Table 4.2.2 Demographic features of teachers in school B

4.2.2.1 Communication of the bereavement

The four teachers interviewed maintained that in most cases they heard about the death of the parent through the bereaved students themselves. Since this is a day school, students in most cases did not need to be fetched for the funeral because they were already aware of the impending death and would not have come to school. The teachers pointed out that after missing school for some time the bereaved student then reported back with the information of the death of the parent. They pointed out, however, that in most cases this was brought to their attention when

school fees were due to be collected from the students. They further pointed out that in some cases the friends of the bereaved informed the teachers about the loss of the parent. Teacher 2 aptly summed it up:

“I hear about the death of the parent mostly from the students themselves. You see, when it comes to school fees collecting then they tell you their problems. The students here, especially those who have sick parents at home, they know that they may die any time so some of them stay at home. After some time she or he reappears and when you ask they say” my mother died” or “my father died”. Sometimes their friends tell you that so and so is missing because the parent died. Also in some cases we get it from the administration but these are few cases.

They also acknowledged that sometimes they got this information from the administration. It was evident too that in most cases the death of parents in the school passed unnoticed. Teacher 1, expressing the views of the rest, said: *“A good number of them go unnoticed, we don’t get this information, being a day school”.*

Summary.

- The main mode of receiving information about the death of parents was through bereaved students who were facing problems with their school fees.
- Other modes included through peers of the bereaved students and the school administration.
- The teachers sometimes did not receive this information at all.

4.2.2.2 Perceptions of the problem of AIDS orphans in schools

All four teachers interviewed maintained that the numbers of orphans in the school was very high. The task of collecting school fees is left to individual class teachers. It was during this task that the teachers realised the large numbers of orphans. However, all maintained that it was difficult to differentiate between the AIDS orphans and pupils orphaned in other ways because they did not get information on the cause of death.

Teacher 4 voiced the view of others:

“You see, us class-teachers, we are responsible for collecting school fees from the students, so at this time you can really see that the numbers of the orphans is really bad. But like I mentioned you may not know whether their parents died of AIDS or what”

Summary.

- There were large numbers of orphans in the school.
- It was difficult to differentiate between AIDS orphans and other kinds of orphans.

4.2.2.3 Stigma attached to HIV/AIDS

All the teachers maintained that HIV/AIDS is still regarded as a taboo subject. They pointed out that despite extensive education on the subject many still regarded HIV/AIDS as an immoral disease. Three of the teachers maintained that they would not be at ease discussing the loss of the

parent due to HIV/AIDS with a bereaved student because they would seem to be condemning the student's parent, unless the students themselves brought it up. For example teacher 3 said:

“ How can you even start discussing with the child [student] that you see I am sorry your parent died of AIDS? No, no it would be like saying that that parent was moving around [promiscuous]. Maybe if the child was experiencing problems and told you that the parent had AIDS, otherwise you just keep quiet.”

Summary.

- There was a stigma attached to HIV/AIDS.
- The majority of the teachers did not feel comfortable discussing the loss of parents due to AIDS with the students.
- This stigma complicated the identification of AIDS orphans.

4.2.2.4 Identification of HIV/AIDS orphans

The teachers interviewed all maintained that identification of orphans generally was done during the collection of school fees but maintained that it was extremely difficult to pinpoint AIDS orphans as such. As has been elaborated under *Stigma* above, identification of AIDS orphans is even more complicated because many people, including both the teachers and the students, are not at ease discussing this topic. Teachers sometimes depended on their own observations, deductions or sometimes rumours. Teacher 4 said:

“They don’t give us details about the cause of death so in cases that you know the parent then you can say that so-and-so may have died of AIDS. So you observe. For example, this girl who told me that her father died, she said he has been ill for a long time so I just figured it out. Also people may talk about it.”

It was also pointed out that information about orphan status was provided in the students’ personal files, usually filled out the first time students register. However, my observation of the files indicated that they were not upgraded to reflect the orphans’ status in cases where the student had lost a parent while at the school.

However, the teachers also pointed out that identification of orphans was generally difficult because orphan status was not an issue. Most of the students in the school were of similar low social economic status to one another. Teacher 1, for example said: *“But see, here the majority of our students are not so well off so even these orphans they do not feel very different, some just fit in”*.

Summary.

- The teachers’ found it difficult to identify AIDS orphans due to the stigma attached to HIV/AIDS and also due to the fact that the majority of the students were of similar socio-economic status.

4.2.2.5 Effects of bereavement on AIDS orphans

The four teachers interviewed maintained that bereavement sometimes had an effect on the students' academic performance. In most cases the bereaved student, like many of the other students in the school, faced problems of school fees further elaborated in *Problems faced by AIDS orphans*.) This forced the teachers to send them out of the classroom and hence they would miss lessons. Teacher 2 said:

“Academic-wise, you see the work declines, every time they are sent away because of school fees. Whenever the teacher comes in to demand school fees it is always on their mind that “ah they are going to send me home”. So you find that ever, they don’t concentrate and in the end you find a grade one material becomes a grade three material, so this is bad.”

Teacher 3 said:

“Also another parent of a girl died; I have been sending the girl away. The girl keeps sneaking in and out when you are not there they sneak in. So it is a real problem and it affects their study. They are hardly in class and even when they are they are worried that the parents are going to die or that they are dead, so performance is not good. There is also this boy, he is clever and I miss him when he is not in class because he is very active.”

The four teachers pointed out that the students usually dress poorly and look withdrawn. *“These children sometimes come in with torn clothes and you can see that they are badly off”* (Teacher 3, School B, Research interviews, 1998) Three of the teachers pointed out that the effects of bereavement were difficult to detect. This was because the classes were very big and therefore it

was difficult to maintain a personal relationship with the students and to notice changes in the bereaved students, some of whom are bereaved without the teachers being aware of it. Teacher 4 summed it up quite aptly:

“Another thing is that it is very hard to get to know these students’ reaction. The classes are big, the teacher moves from class to class and at times you don’t know anything about the students and they don’t say anything. Maybe they [students] are not even regular in class”

They also pointed out that orphan status was not an issue because most of the students in the school were of low social economic status and therefore faced more or less the same problems. Teacher 1, for example said: *“But see, here the majority of our students are not so well off so even these orphans they do not feel very different, some just fit in”*.

Summary.

- Students reacted differently to bereavement.
- Reactions included: effect on academic performance, untidiness and being withdrawn.
- Students' academic performance sometimes dropped after bereavement.
- The effects of bereavement were sometimes difficult for the teachers to detect due to the large number of students in the class.

4.2.2.6 Attitudes towards AIDS orphans

The four teachers were sympathetic to the hardships that the students faced after the loss of their parents but acknowledged that there was nothing much they could do to help. Teachers 1 and 2 said that they usually mobilised the class to collect money and gave it to the bereaved student as a way of extending their sympathy: *“In my class what we do, we collect some little money and give it to the student”* (Teacher 2, school B, Research interviews, 1998).

All the four teachers gave the bereaved students time to clear the school dues. *“And you see this school fees problem you can sympathise. Some of these students are paying for themselves so you give them some grace period to look for the money”*.

Summary.

- The teachers portrayed a positive attitude towards orphans.

4.2.2.7 Problems faced by the AIDS orphans in schools after bereavement

The teachers identified school fees as the main problem faced by orphans. All the four teachers pointed out incidents of orphans being unable to pay school fees on time and some leaving the school due to large school fees arrears.

“Some just drop out of school. But here it’s difficult to know whether they have dropped out or what, because others’ money keeps accumulating until they can’t pay, maybe up to 500.000 they just go away without saying anything” (Teacher 3, School B, Research interviews, 1998).

However, the teachers pointed out that most of the students in the school were from low socio-economic-status families and themselves faced school fees problems. Hence they felt that the school fee problem was not peculiar to the orphans only: *“In this school we have so many children who have problems with school fees who are not orphans so it is a general problem.* (Teacher 1, School B, Research interviews, 1998).

Teacher 4 also said: *“In fact when I tried to survey my class, the class list shows that school fees payment is a problem. You find that about 50% -60% of the students they have paid in instalments regardless of being orphan or not.”*

The school did not have a counselling unit. It relied on teachers, and class teachers in particular, to deal with counselling. Teachers at most times face their own economic difficulties and are unlikely to have spare time for such children. This, coupled with large classes, makes it difficult for teachers to give enough attention to the bereaved student: *“And you see the teachers here, you just see them but they have a lot too. They have to make ends meet, most have very little time to spend with students. Here the pay is very little and they have to look elsewhere”.*

Summary.

The teachers pointed out that:

- most of the students faced school fees problems;
- the school fees problem was not peculiar to orphans;

- there was no established counselling unit in the school;
- class teachers were used as counsellors;
- students dropped out of school mainly due to financial difficulties.

4.2.2.8 Factors that influence coping

All the teachers mentioned that family support and social network facilitated adjustment to the loss of parents:

“You see we had x[a non-governmental organisation], it withdrew but it was helping very much orphans, not particularly AIDS orphans but it was effective because their biggest problem was being catered for and also transport and essentials.” (Teacher 1, School B, Research interviews, 1998).

Teacher 4 typified the opinion of the rest: *“ Those who have relatives to look after them those ones it is much easier. They can pay school fees late but they are not as worried as the ones who have to pay for themselves.”*

They also pointed out that with time, the students came to accept the death of a parent and gradually adjusted to the loss.

Summary.

- Factors that influenced coping included time and the availability of a family network and social support.

4.2.2.9 Help available to AIDS orphans in schools

The teachers pointed out that since the collection of school fees is left in their jurisdiction they usually deferred payment to a time when the orphan is ready to pay, but limit the time to the beginning of the examination period. In some cases they were allowed to sit for examinations but the results were withheld until the fees were cleared. However, sometimes the student failed to pay outstanding arrears. For example, teacher 2 said:

“ You see this thing about the school fees there’s nothing you can do because at the end of the day the administration will demand for the money. For me I give them up to the time of exams. Some few I leave them to sit exams but they don’t get the results until they have paid. Apart from this treatment there is nothing”

Teacher 2 also pointed out that in one case some of the teachers pooled together money and paid for a talented orphan student. As already mentioned above, psychological help was minimal.

It was not evident whether their peers played any kind of role at this day school. However, the teachers interviewed maintained that whenever teachers were aware of the death of a parent they offered a word of condolence to the bereaved student. Two of the teachers also said that religious organisations, especially the church, helped orphans with school fees. They sometimes paid school fees in part and the rest had to be provided by the student.

The teachers interviewed commented that though school intervention in soliciting funds for the AIDS orphans would be desirable, it was not feasible due to the large numbers of orphans. Two

of these teachers further commented that generally the proportion of needy students in the school was very large and they faced similar problems with orphans; therefore there was no justification for the school assisting one set of students and not another:

“You see the students here most of are needy even if they are not orphans. They don’t have money for school fees and also books and the like. Now how can the school help some students and leave out others?” (Teacher 1, School B, Research interviews, 1998).

Summary.

- The teachers usually deferred payment of schools fees in order to give needy orphans more time.
- Teachers sometimes consoled bereaved students.
- Religious organisations sometimes helped orphan students.
- Teachers were pessimistic about the schools’ intervention.

4.2.3 Teacher interviews in school C

School C is a mixed residential Muslim-founded school but under the control of The Ministry of Education. However, it should be noted that students of all faiths are admitted to the school. It is situated about 4 km from Kampala City centre. Four teachers were interviewed. The table below shows the number of teachers interviewed, gender, years spent in the school and responsibilities held at the time of the interview.

Teacher	Gender	Years spent in the school	Duties
Teacher 1	Female	3	Female Matron and class teacher
Teacher 2	Female	12	Class teacher
Teacher 3	Male	13	Male warden and class teacher
Teacher 4	Male	7	Assistant Director of studies and teacher.

4.2.3.1 Communication of bereavement

All the four teachers mentioned that they usually heard about the death of a parent through the administration. This information was announced in the staff room and a notice was put up on the staff room notice board. For example, teacher 1 said:

“In most cases they inform the headmaster and then he passes it on to the teachers in the staff room and after that they put it on the blackboard. You see that up there when you come in the staff room. You only see that so and so has lost a parent but you

don't know the cause of the death."

However, unlike the rest of his colleagues, teacher 3 pointed out that recently students offered this information too:

"Well, in those days, the early nineties, the boys and girls used to fear to come and tell you that their parent died of AIDS because people would laugh at them or they would feel embarrassed. But starting from 1997 there are some, they come and tell you that 'my parent was sick and she or he had AIDS' ".

All the teachers pointed out that this information does not always come to their attention. For example, a teacher may not be present during assembly time or may not have read the notice.

Summary.

- The teachers' main mode of receiving information about the death of parents was through the school administration. However, one teacher pointed out that, of late, the AIDS orphans too, had voluntarily offered this information.
- Sometimes the teachers did not receive this information.
- The majority of the teachers maintained that often the cause of death was not discussed.

4.2.3.2 Perception of the problem of AIDS orphans in school

The teachers did not have any formal statistics or list of orphans in their classes to confirm the numbers of orphans or AIDS orphans in particular. However, they acknowledged that the children lost parents each term. While three of the teachers acknowledged that the numbers had been increasing over the years, teacher 3 pointed out that of recent years the number of parents

dying had remained more or less constant. However, all concurred that it was difficult to know the cause of death because this information was not usually provided. Teacher 4 said:

“At least we can’t spend a term without losing a parent. Every term we lose a parent, not necessarily from AIDS but from anything. You hear about the death but the cause may not be given.”

Summary.

- There were a number of orphans in the school.
- The teachers maintained that the numbers were increasing.
- It was difficult for the teachers to know the cause of death.

4.2.3.3 Stigma attached to HIV/AIDS in schools

Three out of the four teachers interviewed pointed out that HIV/AIDS was still considered by some people a shameful disease and that many did not want to be associated with it. They further maintained that even if information about the death was passed on to them, in cases where the parent had died especially of HIV/AIDS, this information was not discussed due to the stigma attached to the disease. For example teacher, 2 said:

“No they don’t with AIDS, some feel ashamed about it so they don’t discuss it. If someone says that so and so died of long illness then you suspect it is AIDS but you can’t ask directly”

However, teacher 3 implied that in recent years the taboo associated with HIV/AIDS had decreased and that some of the bereaved students discussed it as the cause of their parents' death.

Summary.

- The majority of the teachers pointed out that there was still a stigma attached to HIV/AIDS.
- This stigma made the identification of AIDS orphans difficult.

4.2.3.4 Identification of AIDS orphans in schools

The main mode of identification of orphans in school was generally from the information provided by the administration. However, as pointed out above, the cause of death cannot be easily ascertained, due to the stigma attached to the disease. Hence, identification of the AIDS orphans was difficult. Apart from this the teachers relied on their own observation and also hearsay. For example teacher 4 said:

“Yes some we know especially parents who we have been interacting with, you notice the changes that he or she goes through. Also you can hear that so and so has it [AIDS] but others we don’t get to know.”

He further pointed out that culturally death was a topic that was not discussed freely; therefore one did not ask a lot of questions about it.

“You see even in our culture you cannot discuss such a topic like death. So if someone informs you about the death you say ‘ sorry ‘ and you keep quiet.”

One of the teachers (teacher 3) pointed out that in some cases identification was also through the bereaved student.

The four teachers interviewed concurred that when students lose parents during the school holidays, in most cases it did not come to their attention: “ *But you see, if it is during the holidays [the death of a parent] you may never get to know it*” (Teacher 2, School C, Research interviews, 1998)

Summary.

- Identification of AIDS orphans was complicated for teachers by both the cultural connotations attached to death and the stigma attached to AIDS.
- If students lost parents during vacation, the information about the death did not sometimes reach the teachers.

4.2.3.5 Effects of bereavement on AIDS orphans in school

Students normally returned to school between the first and second week after the death of their parent. On their return to school some of the bereaved students exhibited some or all of the following: they isolated themselves, were reserved, lacked concentration in class, became less active in class, dodged classes and generally exhibited a decline in their academic work. In some few cases they became unruly and undisciplined. However, all the four teachers pointed that

often these changes were not easily detectable and in some cases the students did not seem affected by the death of the parent.

Teachers 1 and 2 attributed this to the set timetable in school, which kept the student fully occupied. For example, teacher 1 said:

“And you see at school, they have to join in the activities, everything is on the timetable so it keeps them busy; they don’t have lots of time to think about the loss. I think it is better than staying at home”

Three of the teachers (1, 2, and 4) also attributed it to the fact that in some cases the students had mentally prepared themselves for the loss of the parent, especially those who lost their parents to HIV/AIDS. For example, teacher 1 said:

“Recently there was a girl, she is the assistant head girl, her brother came and collected her that she had lost her mother. But when she came back there seems to be no change. Maybe because the mother has been sick for a long time and somehow she knew that, whether she liked it or not, her mum would die. So that one was not affected so much, but there are some who you see are really affected.”

Summary.

- Students were seen to be affected in different ways by bereavement.
- For example, they isolated themselves, were reserved, lacked concentration, were less active in class, were sometimes unruly and undisciplined and declined in their academic work.

- Teachers reported that students did not sometimes appear to be affected by the loss.

4.2.3.6 Attitudes towards AIDS orphans in schools

All four teachers had a positive attitude towards the plight of bereaved students. Three of the teachers further sympathised with the AIDS orphans because they felt that this added more strain on the orphans due to the stigma attached to the disease. They acknowledged that they sometimes talked and offered advice to the orphans after the loss of the parent. For example teacher 3 said:

“Okay, what we do is, we try to console them, we try to comfort them, we tell them that death is a natural trend that you cannot stop. It has come so they should accept.”

The four teachers interviewed also cited cases of teachers’ intervention in raising school fees for orphans. For example, teacher 1 said:

“Like recently there was a teacher here who died of AIDS. She left children; she had a daughter here. They had chased them out of the house, she had no fees; so the teachers contributed for her school fees.”

However, it was pointed out that help was extended to the bereaved students on the basis of being needy and not necessarily on the orphan status or AIDS orphans in particular.

Summary.

- The teachers portrayed a positive attitude towards AIDS orphans.

4.2.3.7 Problems faced by the AIDS orphans in school

The four teachers interviewed pointed out that orphans sometimes faced financial problems. This included school fees and other scholastic materials. They cited school fees as one of the problems that most orphans face. This was particularly evident with children of low social economic status. While three of the teachers ranked school fees as the major problem, one (teacher 1) pointed to isolation as an important factor. She mentioned that most of the bereaved students had no-one to turn to so they felt deserted and isolated. She said:

“There is no-one to come to see them, they feel left out they have no-one to tell their problems. Sometimes they tell you that they do not know where to stay. In fact the major problem I see is that they feel deserted and lost.”

The school did not have any formal counselling units but left counselling to teachers generally, especially the wardens, house masters/mistresses and the class teachers. Teachers’ 2 and 4 put it aptly:

“I mean the teachers [do the counselling]. You meet the student on the way, you tell her or him ‘sorry, and life has to continue, read your books and study hard. Put this behind you now.’ If you have money you give. There is no organised or specific office but it’s done on a one- to- one basis. Any teacher who is interested does it.”(Teacher 4, School C, Research interviews, 1998)

“It [counselling] is done on individual basis; it depends also if the teacher can spare this time or whether he is interested in doing it. Or the ones in charge can talk to them because they are closer to them. You know, well the wardens, matrons, class teachers. Normally they can notice things easily [they deal with the students often]. But also they may not know whether the children have lost a parent sometimes.”(Teacher 2, School C, Research interviews, 1998)

All the teachers pointed out that psychological problems were evident during visitation days, especially if the orphan had not received relatives or guardians. The student became depressed, cried and or isolated themselves from others.

Three out of the four teachers interviewed acknowledged orphan dropouts in the school due to school fees problems. However, they pointed out that it was difficult to differentiate between the real dropouts and those who had changed schools. Day schools are usually cheaper than residential schools and hence, due to financial constraints, a student may opt for a day school. The following extract from teacher four's interview serves as an example:

"School fees is a major one some even drop out because of this".

(Interviewer) *"Have you witnessed it here?"*

"Yes I have seen a number. The unfortunate part is that when you meet these students later they tell you that they dropped out because of school fees but then it is too late to help. If they tell us before we try to help. Also some of them change to day schools, you know it is cheaper."

Three of the teachers pointed out that orphan status coupled with financial constraints and/or lack of family/social support made female orphans vulnerable. Teacher 4 said:

"I know of a certain family where the father died and the mother had died some time back. There were some girls there from this school and so men started taking advantage of them. At least if there was an adult then it would not have happened."

Teacher 3, on the same issue, said:

She [AIDS orphan) was staying with the grandmother but now she is older and we fear that she might get spoilt so a teacher opted to stay with her during the holidays. One time we had an incident where a girl lost her father; she became undisciplined, her mother was trying but the girl could not attend classes. Eventually she got pregnant you know and the school expelled her.”

Summary.

Teachers believed that:

- some bereaved orphans faced psychological and /or financial difficulties;
- financial problems included school fees and scholastic materials:
- socio-economic status determined the extent of financial difficulty;
- there was no established counselling unit in the school;
- Visitation Day triggered psychological problems;
- a number of bereaved students perhaps dropped out, or changed school;
- female students might be particularly vulnerable.

4.2.3.8 Factors that influence coping

The teachers interviewed mentioned the following factors:

1. Availability of family support/social networks.

Teacher 3 puts it aptly:

“There was this family, 2 boys and a girl, they also lost both parents. Someone was taking care of them and they went through. They passed very well last year and are now in university. So you see, if someone is there to help then these kids can then make it.”

2. Availability of material support and social economic status of the family:

“But then it depends on the students’ life. If there is money put aside by the parents or there are relatives who are well-to-do to look after them then there is no need. These ones they don’t have as many problems as those who don’t have.” (Teacher 2, School C, Research interviews, 1998)

3. Relationship with the deceased:

“Also if the person [dead] was close to the student then it can be difficult. I have noticed it. You see in this region children are more close to their mothers, the death of their mothers affect them so much. Even you see on visitation days here at school, you see that the people who come most are mothers so if such a person dies then you can imagine how it will be for such a student. But with time they adjust”

4. Time facilitated the bereaved student to adjust to the loss.

Summary.

- Factors that influenced coping included availability of family support and social networks, availability of material support, Socio-economic status, time and relationship with the deceased.

4.2.3.9 Help available to AIDS orphans in schools

It was evident that teachers sometimes pooled money to help needy orphans, especially with the payment of school fees. They also sometimes extended words of condolence and advice to the bereaved students.

It was not evident that the peers of the bereaved student played any major role during the time of bereavement. However, as already mentioned, whenever teachers were aware and were able to, they assisted bereaved students both psychologically and materially.

The teachers also mentioned religious organisations that assisted a few needy orphans on an individual/personal basis. These were mainly Muslim organisations.

The teachers concurred that the school could not afford to exempt or pay school fees for the orphans because of the large numbers involved. Two of the teachers' maintained that the school should assist the needy orphans raise funds from non-governmental organisations and religious bodies. However, the other two teachers felt that it was a major task that involved time and commitment; they expressed doubt over the school's ability to do this.

Summary.

- Sometimes teachers gave material help to needy orphans this was on an individual basis.
- The teachers sometimes consoled and advised the bereaved students.
- Lack of resources and the large number of orphans were seen as making financial help from

schools very difficult.

- On the issue of intervention to raise funds for the orphans, the teachers were divided. While some maintained that the school should do so, others were pessimistic on the possibility of this.

4.2.4 Teacher interviews in school D

School D was boys’ residential school. It is one of the most prestigious schools in the country with a strong Catholic background. However, children from all faiths attend this school. The school is situated about 15 km. from Kampala City centre. The table below indicates the numbers of teachers interviewed in this school: gender, years spent in the school and responsibilities held at the time of the interviews.

Teacher	Gender	Years spent in the school	Duties
Teacher 1	Female	12	Head of Department, Part-time Counsellor, in charge Career guidance and teacher.
Teacher 2	Female	10	Class teacher and in Charge Wildlife Club.
Teacher 3	Male	20	Class teacher and house master Chairman of local council.
Teacher 4	Male	10	Class teacher.

4.2.4 Demographic features of teachers in school D

4.2.4.1 Communication of bereavement

The four teachers interviewed said they usually heard about the death of parents from the administration. This information was put up on the teachers’ notice board in the staff-room. As

mentioned above the school is a strongly religious institution so special mass is said for the deceased parent; this is also another means of communication of the death. Teacher 1 also pointed out that when students were admitted to the school they filled out personal forms, and information of orphan status was indicated. However, teacher 2 pointed out that it was difficult to get information about the death of a parent during the school holidays. She pointed out that in these cases the teachers sometimes failed to get this information or they sometimes got it through radio announcements. She also pointed out that students sometimes reported back to school late the following term and when asked why, they sometimes attributed it to the death of a parent. She said:

“They [administration] usually pin up notices in the staff room but if it is during the holidays there you may not know unless you hear it in the news or next term when the student reports at school. In fact this student may come late back and may tell you that he lost a parent.”

Summary

- The teachers’ main mode of receiving information about the death of parents was through the administration.
- Information was also received during special mass, on students’ personal forms and through the bereaved students themselves.

4.2.4.2 Perceptions of the problem of HIV/AIDS orphans in schools

All four teachers interviewed said that the rate of loss of parents in the school was high but maintained that it was difficult to differentiate between loss to HIV/AIDS and other kinds of loss.

They did not possess any formal lists of orphans. Teacher 1 aptly said:

“I do not have a clear figure but they are so many. We have about 800 students in the school, but you may find in a class two or three students who are orphans. So we may have about 50 something in the whole school. The numbers appear big but identifying them is difficult. But those ones are the ones who have lost both parents. But those who have lost one parent, those are many, they are many.”

Teacher 3 said:

“You see, I cannot really say because when parents die, you cannot know the cause of death. They just tell us that so-and-so has lost a parent but you cannot know whether they died of AIDS or some other thing. But there are many of them.”

Summary.

- The number of orphans was high.
- The teachers found it difficult to differentiate between AIDS orphans and other kinds of orphans.

4.2.4.3 Stigma attached to HIV/AIDS

All the teachers maintained that HIV/AIDS was still regarded as a shameful disease and many did not want to be identified with it. For example, teacher 4 voiced the opinions of the rest when he said:

“You see, with AIDS people usually have a wrong opinion; they think that people who have AIDS are outcasts so they can’t say it. They think that the person was moving around. When someone dies they just say he died of long illness or short illness. So it is not revealed [directly].”

Summary.

- There was a stigma attached to HIV/AIDS.

4.2.4.4 Identification of AIDS orphans

Two out of the four teachers interviewed pointed out that the main populations of the students in the school were from well-to-do families. They pointed out too that the connotation attached to orphans was that of needy children, hence most of the bereaved students did not want to be identified as such. Teacher 1 aptly said:

“Some do not really want to be identified as orphans. You know, that kind of thing. Orphans in this country is taken as somebody who is really desperate, who has nothing and who is going to become a “street kid”. So if you are to go to class and asked the orphans to really come up they would really disguise themselves. They have been brought up to believe that it is bad.”

Four of the teachers interviewed maintained that identifying HIV/AIDS orphans was further complicated by the stigma attached to the disease.

“The problem perhaps is that we do not usually go ahead and ask these children the cause of the death of the parents. You know, they would not like to talk about it and at times okay you could get rumours about similar things but we do not have a clear record of those victims or orphans as a result of AIDS So we cannot identify them properly except where the parent perhaps herself or himself identifies as suffering from that; but as for students having lost a parent, it’s really very difficult to ask the student what was the cause of the death; and if it was AIDS, this student still have that kind of this misconception that if the parents died of AIDS they must have been prostitutes.., it’s a shame. But in some cases we can know for example if the mother was sick and died some 3 years ago then the father also dies, then you could really suspect it could have been that cause. But clear records, we do not have that in school. We have orphans but we are not sure of the cause of the death of the parents. So we can only suspect.”(Teacher 1, School D, Research interviews, 1998).

Hence the teachers in some cases had to rely on personal observations or rumours.

Summary.

- The teachers perceived identification of AIDS orphans as complicated by the cultural connotations attached to the term orphan and the stigma attached to the disease.

4.2.4.5 Effects of bereavement on AIDS orphans in schools

Students normally returned to school after one to two weeks after the death of a parent. The four teachers pointed out that some of the bereaved students exhibited some or all of the following: they were disorganised both in their academic work and personal hygiene, were depressed, lacked concentration in class, dozed in class or daydreamt. They maintained that academic work was

also affected. However, three of the teachers pointed out that it was during staff meetings when results of students progress was being reviewed that this was brought to their full attention.

“It takes time for somebody to see, [academic decline] it takes time. What normally is done is we discuss it, normally we discuss it when we are closing the term during the evaluation of students performance, and if we see that a student has declined he is warned or the parent is called. Teachers may not know that so and so may have lost a parent until somehow this information is given to the teacher then here the teacher tries to assist the child by counselling him. Then also assigning him to a particular teacher to help him especially the academic side.”

Three out of the four teachers pointed out incidences of indiscipline among the bereaved students.

For example teacher 2 aptly said:

“Then some their behaviour changes negatively, he is involved in this case, he is involved in that case, so it becomes a discipline problem. May be they are reacting to the loss or trying to prove some thing you can’t know.”

On the other hand some students did not seem affected by the loss of parent(s). Two of the teachers attributed it to the nature of the school; that boys did not usually like to display their emotions.

Summary.

- Students were seen to be affected in different ways by bereavement.
- The bereaved students became disorganised, depressed, they were half-a-sleep and did not concentrate in class, became undisciplined, and sometimes their academic work declined.

4.2.4.6 Attitudes towards AIDS orphans

All four teachers' portrayed a positive attitude towards the plight of the orphans. They acknowledged extending a word or two of condolence to the bereaved student but maintained that the depth of condolence and counselling depended on the relationship between the teacher and the bereaved student. Teacher 3 said:

“You may take long to know and because of time factor and trying to make ends meet, the teacher may come teach and go away, so the student may stay on his own without the teachers assistance. But if he is a friend and has always been a personal friend to a teacher then the teacher talks to him and also gives advice.

All the four teachers interviewed concurred that peers portrayed a positive attitude towards the plight of the orphans. For example, a fund had been set aside by the student body to pay for school fees for some orphans. Teacher 3 said:

“But here what has started up is that the student body itself took up the responsibilities of assisting two students who had failed to pay school fees because they had lost their parents but this is only to a limited scale .So the students contribute mainly from their pocket money and they pay for two students in this school each term. So its the students initiative.”

Teacher 2 pointed out:

“There was this boy he went to the head master and told him that he would be late the next term because of school fees. Well his friends asked him why he had gone to see the head master he explained to them why. His friends then had a meeting and they collected for him half of the money so he went back home knowing that he had to

bring only half. So this was their arrangement.”

However, emphasis was on how needy the student was rather than on orphan status or AIDS orphans in particular.

Summary.

- The teachers portrayed a positive attitude towards the orphans.

4.2.4.7 Problems faced by AIDS orphans in schools

The four teachers interviewed maintained that school fees was one of the main problems that orphans face. However, they pointed out that this in most of the cases did not lead to school drop out but rather delays in payment school fees. For example teacher 4 said:

“I have not seen drop outs. The people concerned come and ask to pay in instalments so the dropping out that one is not there.”

They acknowledged that all the cases that had come to their attention had been successfully dealt with. The teachers attributed this to a number of factors: the efforts of the student body, the school intervention in paying school fees for such students, the fact that most of the students in the school are from well-to-do prominent families and also the enterprise of individual orphans. One of the teachers suggested that it might not be brought to their attention if the students dropped out after ordinary levels (O' Levels). Nevertheless, all pointed out that the basis of help

depended on the students' academic performance. Help was usually granted to academically high performing students. Teacher 2 said:

“This happened to a boy in my class his parents died and he was looked after by a friend, then this friend also died. After some time a woman came and said that she was a neighbour and that she had taken pity on the boy, and then they worked out an arrangement so that she could pay in instalments but after some time she was not able to do so. The school has now taken over and the boy works for the school you know, small jobs to pay his fees. You see if the boy is bright then there are chances for the school to help.”

Teacher 4 cited an example of a student who had lost both parents. An uncle then took over the responsibility for the school fees. However, due to the large number of children under his care he was unable to continue supporting him. Rather than lose his education the student published his plight in one of the leading newspaper. The school received an anonymous cheque to cover the student's fees for a year.

Two of the teachers' (2 and 3) maintained that due to the “band wagon” that the school comprised high social economical status students, when it came to donating material help those orphans of low social economic status were disadvantaged.

Although the school had a part time counsellor most of the students did not want to seen going there (the unit was isolated from the main school buildings). They associated going to the counsellor as having problems, something they did not like their peers to know. Teacher 2 said:

“So they think that other people will see them coming to the counsellors room; ‘every one will know I have a problem’, so they really shy away.”

Apart from the part time counsellor who is also a teacher, and who maintained that sometimes teachers referred students to her, none of the other three teachers interviewed had referred any bereaved student to the counsellor. For example teacher 3 said:

“Personally I have never referred any student to there. I do not know if other teachers do it. But personally I talk to the student and share with them my experiences, so I do not see the need to refer them there. You see this department of counselling is very tricky, you see the student may fail to go to the department depending on the relationship he has with the person in that department he may fear to talk to that teacher but if he has a teacher he usually talks to then he may feel more free to talk to that teacher than the one in the department.”

All the teachers pointed out that psychological problems were difficult to detect and only surfaced in unexpected circumstances. For example teacher 3 said:

“One time there was a student who had just joined a house. When his uncle brought him he found other children, their mothers’ were laying the bed for them and when the boy saw that he started crying and he cried for almost 2 weeks .It was not because the school was bad but when I asked him later, it was because of that feeling that ‘ I wish I had a mother I would also be treated in the same way’, So I do not know how you can put it, that can be social or psychological?.

Teacher 4 said:

“During visiting days the boys really face it rough. Those who had their parents visiting all the time, now there is no one. You see someone all of a sudden upset. When he looks at others with their parents and him alone.”

Summary.

Teachers acknowledged that:

- some of the students faced financial and psychological problems;

- there were strong financial networks in the school;
- socio-economic status determined financial difficulty;
- financial support was determined by academic performance;
- students were not willing to use the counselling unit;
- teachers also did not effectively use the counselling unit.
- there was no effective counselling in the school.
- psychological problems were sometimes difficult to detect.
- Visitation Day triggered psychological problems.

4.2.4.8 Factors that influence coping

The teachers mentioned the following factors;

- 1 Teachers 1, 3 and 4 pointed out that with time the bereaved student settled and adjusted to their loss.
- 2 All the teachers pointed out that if the family supported the bereaved student and if there were social networks available to them, these facilitated the adjustment of these students to their loss.

3 Availability of material support and the social economic status of the family. Teachers noticed that for students from high socio-economic families, who were provided for materially, adjustment to the loss was easier than those of low socio-economic status

4 Teacher 1 noted that age also affected the way the students' adjusted to the loss; the older ones seemed to adjust relatively quicker than the younger ones.

5 The relationship of deceased with the bereaved student also affected how the students coped with the loss. Three of the teachers maintained that those who had strong relationship with their parents, which was evidenced by frequent school visits and on Visitation Days, were especially vulnerable.

Summary.

- Factors that influenced coping included time, family support and social network, availability of material support, age, relationship with the deceased and the socio-economic status of the family.

4.2.4.9 Help offered to AIDS orphans in schools

The four teachers interviewed pointed out that they provided nothing materially to the bereaved students but that depending on the relationship that they had with the bereaved student they extended words of condolence and advice.

As already mentioned peers were influential to the bereaved students both materially and psychologically. The head prefect with the help of the student body had set up a fund to raise money for school fees for needy students. Money contributed was from the students' pocket money.

Although the four teachers acknowledged that it was not feasible for the school to pay school fees for the orphans, they maintained that schools were in a better position to raise money to help on behalf of their students. For example teacher 3 said:

“ I know the orphans are very many and the school can't do any thing much for them, but at least it is influential. It can persuade others to help.”

Summary.

- Teachers did not provide financial help.
- Teachers said that they sometimes advised and comforted bereaved students.
- Psychological help to the bereaved students depended on the teachers' relationship with the bereaved student.
- Other students in the school were influential in helping bereaved students, both financially and psychologically.
- The teachers maintained that the school should help orphans solicit for funds.

4.2.5 Teacher interviews in school E

School E is a mixed residential school. It is one of the most prestigious schools in the country with a strong Protestant background. However, children of all faiths are admitted to the school. The school is situated about 15 km. From Kampala City centre. The table below shows the numbers of teachers interviewed in this school: gender, years spent in the school and responsibilities held at the time of the interviews.

Teacher	Gender	Years spent in the school	Duties
Teacher 1	Female	10	Class teacher
Teacher 2	Female	6	Class teacher
Teacher 3	Female	8	Class teacher
Teacher 4	Male	8	Class teacher, House master, Assistant games master and internal examination co-ordinator

4.2.5.1 Communication of bereavement

All the four teachers interviewed pointed out that they usually heard of the death of parents through the administration. It was mentioned during assembly time and the information was also put up on the teachers' notice board in the staff room. However, three of the teachers maintained that this information sometimes did not reach the teachers. For example teacher 2 said:

“Normally the teachers are informed by the administration, so are the students. The school also sends representatives to the burial if the burial is not so far. They also put

a notice on the board in the staff room. At times we don't know if they are on holiday so maybe after they come back we may know- It depends on whether they tell us or not."

On the other hand, teacher 1 said: *"They usually announce at assembly. You can't fail to know."*

Other modes of information included through friends of the bereaved students and colleagues, and also from the staff notice board.

Summary.

- The main mode of receiving information about the death of parents was through the school administration. Other avenues of information were through colleagues and friends of the bereaved student.
- Some of the teachers maintained that this information sometimes did not come to their attention.

4.2.5.2 Perceptions of the problem of HIV/AIDS orphans in schools

Although none of the teachers had lists to confirm the numbers of AIDS orphans they maintained that the numbers of such children in the school were high. However one of the teachers maintained that unlike in previous years, the rate of parents who were lost each term had decreased. Teacher 2 said: *"The early years it was not an issue. I don't have any data but the numbers are more and it goes on increasing"*

Teacher 1 on the other hand maintained: *“Those years it was terrible but now- these few years I can see it is going down.”*

Summary.

- There were a large number of AIDS orphans in the school.

4.2.5.3 Stigma attached to HIV/AIDS

All the teachers maintained that HIV/AIDS was still regarded as a shameful disease and that many did not want to be associated with it. They felt that students who lost one or both parents through it neither wanted others to know about it nor did they want to discuss about the death of the parent. Teacher 4 aptly said:

“With the AIDS orphans it’s also the same, but the difference is that these ones there is a stigma attached. People see that you come from immoral families if your people [relatives] died of AIDS, so they say nothing.”

Summary.

- The teachers’ perception was that there was still a stigma attached to the disease.

4.2.5.4 Identification of AIDS orphans

The main mode of identification of orphans in the school was generally from the information provided by the administration. Two of the teachers pointed out that culturally death was a topic that was not freely discussed therefore one was not expected to ask a lot of questions about it. For example teacher 3 said: *“You see, in our culture if some one dies you don’t keep asking the person who has lost someone so many questions you just say sorry and that is it”*

All teachers interviewed maintained that the school was perceived as a school for the well to-do and hence most of the students did not want to be perceived as needy. As earlier mentioned the connotation attached to orphans was that of helpless and poor children. Hence most of the students did not want to be identified as such. Teacher 1 aptly said:

At one time the school called those who needed help but the students didn’t come because they don’t want others to know their problem. Also they believe that if you call yourself an orphan then it means you have nothing. So you see, the school is taken to be for the rich, they don’t want their friends to see them differently.

The teachers further pointed out that particularly with AIDS orphans the stigma attached to the disease made identification of such students more difficult. They concurred that they sometimes had to rely on hearsay and/or personal observations:

“You may suspect that a parent has AIDS, he [sic] may be sickly sometimes, you see the person just growing thinner and thinner after some time you hear he is very sick, then he has died. You can then suspect it may be AIDS. Also others can talk about it.”

The teachers stressed that it was difficult to differentiate AIDS orphans from other kinds of orphans since the cause of death could not readily be ascertained.

Summary.

- Identification of AIDS from other kinds of orphans was difficult for the teachers.
- Cultural connotations attached to death and the term 'orphan' complicated the identification of orphans generally and in particular AIDS orphans.
- The stigma attached to HIV/AIDS further complicated the identification of AIDS orphans.

4.2.5.5 Effects of bereavement on AIDS orphans in schools

Students were usually collected from school by relatives in order to attend the burial ceremony. They usually reported back after a week or two. The four teachers interviewed mentioned that some bereaved students exhibited some or all of the following: they lacked concentration and interest in class, became less active and more withdrawn, dodged lessons and homework and that this generally affected their academic performance. Three of the teachers said that loss of a parent(s) seemed to have different effects on different individuals: for some their academic performance did not change while in some cases it improved. The teachers attributed this to the fact that the bereaved students fully immersed themselves in their work envisaging education as their hope for a better future. On the other hand some bereaved students lost interest in their academic work. Teacher 4 said:

“Their academic work changes- they can either decline or improve. I think emotionally they tend to overwork themselves. They know that their future lies in it. So either they drop everything, you know lose interest in everything or they take it up very seriously.”

However one of the teachers (2) maintained that since there are a number of bereaved students in the school and that the school loses parents almost each term, it has become a usual phenomenon and hence some of the students are not unduly affected.

“Also it depends on how strong the student is. But you see being in a boarding school with others with the same problems they may not feel it so much. You see, now death of parents is a common thing these days almost each term, so they get used. So others when they loose parents they just stay normal they see it happening to others and that’s it”

Three of the teachers maintained that female students were in most cases more affected than the male students. For example teacher 3 said: *“The females normally lose interest, their work goes down but then for the boys I would say that the majority become very serious and they recover more quickly.”*

Summary.

- Students were seen to react in different ways to bereavement.
- These included: they lacked concentration and interest in their class work became less active and more withdrawn, dodged lessons and homework and that this generally affected their academic performance, which sometimes led to a decline in their academic work.
- Some teachers perceived gender as a determinant of the way in which students react to

bereavement.

4.2.5.6 Attitudes towards AIDS orphans

All the teachers sympathised with the orphans. They extended words of condolence to the bereaved students. For example teacher 2 usually mobilised the class to collect money and bought the bereaved student something:

“I am a class teacher so we as a class collect some money; we may buy a card or flowers and give it to the student. The remaining money we give it to the student. Otherwise there is not much that is done at this level. Just consoling her saying sorry.”

Teacher 4 said:

“Teachers who are able, volunteer to pay fees, but this has not worked very effectively because some are already attached to orphans maybe their sister, brothers or their nieces or nephew, so they have already [already have] responsibilities. The only thing is that we talk to them.[bereaved students].

However, the teachers maintained that it was difficult to counsel a student extensively unless you had a good personal relationship with that student before the bereavement. Teacher 2 aptly said:

“They are not free with all the teachers, so not all of them approach teachers. Even you the teacher, you have to start from somewhere, you just can’t start talking to the student. It depends on how close the student was before the death and whether she or he trusts the teacher.

The teachers interviewed concurred that peers were very influential during and after the bereavement. They cited incidents where the friends of the bereaved student provided material help. For example teacher 4 said:

“In fact there was this boy he had failed to come back because he had no money. What his friends did was to fund raise money for him and now he is school otherwise he could have ended up a drop out.”

Summary.

- Teachers portrayed a positive attitude towards the orphans.
- Personal contact with the students determined the extent of psychological help provided by the teachers.
- Teachers perceived peers as instrumental at this time in helping bereaved students.

4.2.5.7 Problems faced by AIDS orphans

The four teachers interviewed maintained that school fees were one of the problems that the orphans faced in the school. Three of the teachers pointed out that this sometimes led to school dropouts. However, they were quick to add that it was difficult to ascertain real dropouts from those who had changed schools. For example teacher 1 said:

“Yes some of them you see them struggling, then they just don’t come back- though you may not know if they just changed school. You know boarding schools are expensive.”

However teacher 2 maintained that school dropouts was very rare in the school. She pointed out that the school accepted instalments and hence though with difficulty the orphans could still be able to remain in school:

“I have not seen such a case here because you see what happens is that the school lets them pay slowly in instalments; they don’t chase them out of the school, it can be hard but in the end most of them make it.”

They maintained that during the Visitation Day, the orphans especially those who had not received any visitors were psychologically affected. Some became moody and downcast.

The teachers also pointed out that most of the students were not free with their teachers. They maintained that most of the bereaved students kept a distance, so it was difficult to know students’ problems or give help if it was needed. They pointed out the bereaved students sometimes faced strained relationships with their guardians and in such cases did not have anyone to turn to. The teachers maintained that on top of providing material help it was important to provide counselling to bereaved students, for example teacher 4 said:

“But I feel still it is very important for teachers to talk to the students because I consider that if I have a child, and I take him to school then that child spends more time there, it becomes the home of the child. Giving only material things without consoling or counselling may not help much. The priority is talking to the children some of us really know this.”

Summary.

It was recognised that,

- Some of the orphans faced financial problems.

- It was difficult to ascertain whether problems of school fees led to orphans dropping out of school.
- Students generally did not feel free to confide in their teachers.
- There was no effective counselling in the school.
- Visitation Day triggered psychological problems.

4.2.5.8 Factors that influence coping

The teachers pointed out a number of factors involved with coping with bereavement.

- 1 The socio-economic status of the family and availability of material support affected how the children adapted to the loss.
- 2 Extended family support and social network.
- 3 Time
- 4 Relationship with the deceased.

Summary.

- Factors that were seen to influence coping included socio-economic status of the family, availability of material support, availability of family support and social network, time and the relationship with the deceased.

4.2.5.9 Help available to AIDS orphans in schools

The teachers acknowledged that whenever they could they counselled and provided advice to bereaved students. However they acknowledged that material help was not usually given.

It was also pointed out that the old students of the school were instrumental in providing material help, especially school fees. However, it was pointed out that help was extended to needy, academically bright students and not necessarily on the basis of orphan status.

The teachers acknowledged the difficulty of supporting students using school funds but maintained that the school should help by providing them with employment. This should be provided during vacation time. They also maintained that since the school was in a better position to solicit funds from organisations and individuals, the school administration should help promising students solicit for funds to complete their education.

Summary.

- Teachers sometimes counselled, advised and financially assisted bereaved students.
- Old students of the school provided financial help to orphans.
- There was little financial support from the teachers.
- Academic performance and the extent of how needy students were, were the basis of financial support.

- Teachers were aware that the school necessarily had a role in helping orphans solicit for funds.
- One possible approach was for the schools to employ such students during vacation time

4.3 Interview with a counselor in school A

4.3.1 Communication of bereavement

Apart from the usual way of school being informed of a death of a parent by the head teacher, the counsellor got this information also through the bereaved students. At the beginning of each term, students are requested to write about themselves. The counsellor got the information about their status as orphans from here. However, the counsellor pointed out that the information on the cause of death of the parent was not offered hence it was difficult to ascertain whether they were AIDS orphans or not. Discussions were held in classrooms about orphan status and the cause of death of parents, but these proved fruitless because the orphans did not feel comfortable to talk about it with other students.

4.3.2 Perceptions of the problem of HIV/AIDS orphans in schools

The counsellor pointed out that there were large numbers of orphans in the school. Although she pointed out that the main cause might be due to HIV/AIDS it was difficult to get to this information because the cause of death was not usually provided:

"They are many. About 10 in each class - maybe even more. But this is generally because you cannot know if the parents passed away because of AIDS or not"
(Counsellor School A, Research Interviews, 1998)

4.3.3 Stigma attached to HIV/AIDS

The counsellor pointed out that students did not wish to discuss the cause of death of their parent as HIV/AIDS related due to the stigma attached to the disease. She said:

"The majority of these students don't tell you that their parents died of AIDS. They wouldn't. It is just this one and those other two... You know in this country, if you die of AIDS, people see it as a shame"

4.3.4 Identification of AIDS orphans

It was difficult to identify AIDS orphans due to the cultural connotations attached to the term orphan and the stigma attached to the disease. The counsellor pointed out that some students did not want to be identified as needy, a term that is in some cases synonymous to being an orphan. As mentioned above students do not also wish to be identified as AIDS orphans because of the stigma attached to the disease.

4.3.5 Effects of bereavement on AIDS orphans

The counsellor said that most of the bereaved students were affected by the loss of their parents. Some of these students became absent minded distressed and sad, they lost concentration and became reserved. Most of them did not feel free to discuss their problems She also cited incidences where some students' academic work declined, while for others it improved.

4.3.6 Problems faced by AIDS orphan

Bereaved students faced both material and psychological problems. The few that had talked to the counsellor cited school fees problems. She said:

“There is this girl in senior 3. Her brother had to leave school when their parents died. He had to look for a job so that he could pay fees for his sisters. So you can imagine when it is time to pay fees, this girl has to wait till the brother has got [the money].”

The counsellor also pointed out that Mondays after visitation was a particularly difficult time for the orphans because it was a time when all the other students had parents in to see their work and also bring in more supplies. This might not be the case for bereaved students. Visitation day (usually on a Sunday) triggered a lot of memories for the orphans, who became sad, depressed and had a “far-away- look” .

Some students cited difficult family relations. This was even more with students who had family wrangles due to their parents’ estates, because in such cases networks that could have helped the students cope were then severed.

The counsellor felt that there was anecdotal evidence to show that AIDS orphans were faced with anxiety about their HIV/AIDS status.

4.3.7 Factors that influenced coping

Factors that facilitated coping were high socio-economic status and material support, provision of a strong family and social networks, time and faith in God.

The counsellor maintained that there is evidence to show that children who come from high social economic families coped better because they did not face problems such as fees and school supplies. However she was quick to mention that this should be coupled with a caring family

network otherwise it might make coping difficult especially instances where relatives of the bereaved students squander the property left behind by the deceased.

With time, some students adjusted to their loss. The counsellor also mentioned that for some students, faith in God was a factor in coping with the loss.

4.3.8 Help offered to AIDS orphans in schools

The counsellor pointed out that there was a project run by the school that helped to generate money to pay for the up-keep and fees of AIDS orphans. However, it could do so for a few.

The majority of the students did not use the counselling unit in the school. The counsellor said that the students did not have confidence in the unit to reveal their problems. They did not want their peers to see them at the unit for being laughed at. However, she was quick to point out that for the few that had done so, it had helped them to solve some of their problems and anxieties. She cited an example of a student whose parents had died of AIDS and had to be separated from her siblings. The student missed her brother and worried about whether he had AIDS or not. The counsellor encouraged her to talk to her guardians who let her visit him in the village. She felt much better then.

The counsellor pointed out that there were sessions on the time table where group counselling took place. She said that the students felt free to reveal their problems, concerns and comments if asked to anonymously write them down on paper. These were further probed and discussed and followed up by the whole class. She felt concerned at some of the problems raised by students

ranging from girl-boy relations to sexual harassment. She pointed out that female AIDS orphans were vulnerable. She cited a case of an AIDS orphan staying with an older brother and of whom a male friend took advantage.

Like some of the other respondents, the counselor too pointed out that it would be desirable for the school to help the AIDS orphans raise funds especially for fees. She acknowledged that it was very difficult to get funds for all these students but maintained that at least some few, really desperate ones could benefit.

Summary

- Information about the death of parent was received from the administration and also through the bereaved students.
- Information on the cause of death was not provided.
- There were large numbers of AIDS orphans.
- There was still a stigma attached to AIDS.
- It was difficult to identify AIDS orphans due to the stigma attached to the disease and also the cultural connotations attached to orphans.
- The AIDS orphans faced both financial and psychological problems.
- Financial problems included things such as school fees, scholastic materials school supplies

and pocket money

- Psychological problems included things such as, anxiety, depression, family problems and sadness.
- High socio-economic status, strong family networks, time and faith in God are some of the factors that helped students to cope with the loss of parents.
- Students did not feel free to use the counselling unit.
- Using the counselling unit might help bereaved students.

CHAPTER FIVE

ANALYSIS AND DATA FINDINGS: INTERVIEWS WITH AIDS ORPHANS IN THE SCHOOLS AND ADULTS OUTSIDE THE SCHOOLS

This chapter presents the findings from interviews with students and adults outside the schools. It is divided into two sections; section one presents findings of interviews with students and the second section looks at findings from adults outside the schools.

5.1 Student interviews

5.1.1 Student interviews in school A

Student	Gender	1 st bereavement/ Year	2 nd bereavement/ Year	Class	Guardian
i	Female	Father/ 1997	Mother/1998	Senior 3	Grand-mother
ii	Female	Father/ 1996	Mother/1997	Senior 2	Grand-mother
iii	Female	Mother/1995	Father/ 1998	Senior 3	Grand-mother
iv	Female	Father/ 1996	Mother/1998	Senior 5	Aunt
v	Female	Father/ 1997	Mother/1997	Senior 5	Brother

Table 5.1.1 Demographic features of orphans in school A

School A, as already mentioned, is a girls' residential school. All the students interviewed had lost both parents, three of the students were staying with a grandmother, one staying with a

maternal aunt and one staying with her eldest brother. The table above gives a summary of the interviewees' background information.

5.1.1.1 Communication of bereavement

Four out of the five students interviewed pointed out that when their parents died they were at school. They further mentioned that one of their relatives came and picked them up from school. However, the information (death of parent) was not given to them while they were at school, nor did the relative inform them on their way home. What was interesting, however, was that all four students maintained that they more or less knew what had happened: that they had lost their mum or dad. One of the students summed up the views of the rest:

“Aunt came for me at school. They told me that she wanted to talk to me but I knew [mother had died] because I had been at home, and her [mother] condition was not good [very sick] (Student iv, School A, Research interviews, 1998).

Summary.

- The majority of the students were not directly informed about the death of their parents by the school or relative, but they maintained that they suspected it because they had left the parent very ill.
- The majority of the students were at school when their parent passed away.

5.1.1.2 Perception of the problem of AIDS orphans at school

All five students concurred that they were aware that they were not the only students in the school who had lost parent(s). They pointed out that they were aware that a number of their friends/peers also faced the same fate. However, only one of the students discussed the cause of death and accepted that it was through HIV/AIDS.

Summary.

- Only one of the students discussed the cause of death of her parents as through HIV/AIDS.
- However all the students were aware that a number of their peers had lost parent/s too.

5.1.1.3 Stigma attached to AIDS

It should be pointed out that from the onset of the study I was aware of the possibility that AIDS carried a stigma, therefore, in order not to unduly upset the orphans I did not directly ask them if their parent(s) had died of AIDS. Rather, I waited for them to provide this information as and when they wished. Although all five students pointed out that their parent(s) had been ill for a long time, and that one of the parents died followed by the second parent, and that they more or less expected the death to occur, only one of them directly mentioned HIV/AIDS as a cause. The others mentioned cancer, tuberculosis, and malaria, and so on as the cause of death. One of the students stared away from me and said, “ *I don’t know.*” As already mentioned, there was a heifer project set up by the school, funded by an NGO, to assist children orphaned through AIDS

and that the administration had names of students who had lost both parents. I used this list, together with the information provided by class teachers, to sample the students. Although both the teachers and the administration pointed out students whose parents had possibly died through AIDS, only one of the students acknowledged that her parent(s) had died through HIV/AIDS.

Summary.

- Only one of the students interviewed acknowledged that they had lost a parent through AIDS.

5.1.1.4 Identification of AIDS orphans

All the students interviewed showed willingness to participate in the interviews. However, one of the students commented that she wondered why she had been selected to take part in the study.

When asked to explain herself she said:

“I feel that there are others who should have come instead of me. For me I don’t really have a problem. I always pay my school fees; you see my aunt gives me everything. I am not needy.”(Student iv, School A, Research interviews, 1998)

The implication here is that she did not feel she should be associated with other orphans because she was not needy.

Summary.

- The great majority of the students were willing to take part in the study.
- Cultural connotations attached to the term ‘orphan’ discouraged one student from being identified as an orphan.

5.1.1.5 Effects of bereavement on AIDS orphans in schools

The five students pointed out that though they had expected the death of their parent(s) it still depressed them. Some reported all or some of the following: they felt tired and weak all the time, dodged classes because they wanted to keep away from others (both teachers and other students) or that they had lost interest not only in their academic work but in everything else as well. They did not want to take part in anything that drew attention to them and they felt frustrated. One of the students said:

“Here’s a story I usually keep to myself. That was the time I really had a bad temper. I used to feel frustrated and I was as if I didn’t care. My aunt used to cane me; I wasn’t used to it. I used to fail, her daughter used to pass and it was as if everything was against me.”(Student iv, School A, Research interviews, 1998)

Others reported decline in academic performance, while one pointed out that she improved academically. When asked why this was the case she said:

“Well I said that my mum had died so I thought, ‘let me just read my books’; I had no one left so I had to pass. Sometimes I could lose courage, I used to think ‘now who am I reading for?’” (Student i, School A, Research interviews, 1998)

Summary.

- Students reported different reactions to bereavement.
- These included: they felt depressed, weak and tired, dodged classes, frustrated, lost interest in their school work and things around them, and sometimes declined in their academic work.

5.1.1.6 Problems faced by AIDS orphans in schools

Three of the students interviewed pointed out that they faced school fees problems. They maintained that although their guardians tried hard to keep them in school, they were usually sent home every term before the school fees debt was actually cleared. They pointed out that this was demoralising and embarrassing:

“ Every time you hear about school fees defaulters, you know that you are among them. You feel so bad and you get embarrassed because everyone in the class knows. I think that the school should consider us and not chase us from school. (Student i, School A, Research interviews, 1998).

Two of the students reported strained family relationships, for example, one said:

“We were staying with our step-mum but we had to move out. My brother had to rent a single room because we were not happy, relationship with her was difficult.” (Student v, School A, Research interviews, 1998).

It was also evident that the students' contact with other close relatives was minimal. One of the students' typified the views of the others: *“The biggest problem is being ignored by relatives, there you feel that you are now alone.”* (Student v, School A, Research interviews, 1998).

Four out of the five students interviewed pointed out that although they were aware of the counselling unit in the school, they were afraid to use it due to the misconceptions that they attached to the unit. One of the students' aptly summed the views of the rest when she said:

“Yes, but I don't talk to her [the counsellor].... I don't feel comfortable. What if I tell her and she goes and tells someone else.” (Student ii, School A, Research interviews, 1998).

They also lacked courage to ask teachers for help. For example, one of the students said:

“No, you can’t tell teachers, you can’t ask a teacher for anything. I don’t think that any one can help me” (Student ii, School A, Research interviews, 1998).

Four of the five students concurred that they found Visitation Days very distressing, especially if no one came to visit them as was often the case. They usually spent that day in their dormitories reading or just feeling sad. However, one of the girls pointed out that her case was different:

“ On Visitation Day they come and see me, they give me stuff, they encourage me. I think I am very lucky because my uncle and aunt love me and do all this for me. In fact I sometimes forget that my parents are dead.” (Student iv, School A, Research interviews, 1998).

The students pointed out that since they had lost their parent(s) they felt unwanted, unloved and had no one to confide in:

“I feel that I have no-one to talk to, I feel that no-one needs me, no-one to share secrets with...I am just here.” (Student ii, School A, Research interviews, 1998).

One student missed and worried that her sibling had HIV/AIDS. She gathered courage and talked to the counsellor who helped allay her fears and also encouraged her to talk to her guardians.

Another student wanted to find out how her guardians felt about her. She said:

“In the beginning it was not so easy because I got frustrated. I felt that no one liked me. One time I asked my brother ‘do you think that these people really like us?’ And I was like- I really wanted to find out. So one time I asked them [guardians], they said they loved me like their own daughter. Since that day I felt everything was okay. I was very encouraged”. (Student iv, School A, Research interviews, 1998).

Summary.

- Problems that some AIDS orphans faced included school fees psychological problems and poor family relations.
- Most students were afraid to use the counselling unit.
- Students were unwilling to seek help from teachers.
- Some felt unwanted and alone.
- Visitation Day triggered psychological problems.

5.1.1.7 Factors that influence coping

The factors that were important in helping these students to adjust to their loss included:

- 1 Family support and social network facilitated the adjustment of some of these students to their loss, for example:

“They pay my school fees, everything. I manage to come here every first day of the term. On Visitation Day they come and see me, they give me stuff; they encourage me. I think I am very lucky because my uncle and aunt love me and do all this for me. In fact I sometimes forget that my parents are dead.” (Student iv, School A, Research interviews, 1998),

- 2 Availability of material support, for example:

“Help which my guardians [mother’s friends] used to give me helped me, they paid my school fees and they gave me the essentials; sometimes they used to talk to me”. (Student v, School A, Research interviews, 1998),

3 Relationship with the deceased, with time they learnt to live with it, some of the students pointed out that they kept themselves occupied because they felt that this helped them keep sad memories at bay. One of the students aptly said:

“My books [help me]. Sometimes when I feel that I am thinking too much I get my books and read, or I go and do something, talk to my friends. (Student iii, School A, Research interviews, 1998),

4 All the students mentioned that during this period they turned to God for help. They pointed out that they felt it was one of the things that kept them going through life. For example, student iii summed the views of the rest, she said:

“For me, I used to pray I don’t know how many times. I felt that only God knew what I was going through so I kept asking Him ‘please help me’ and now I know that He did, otherwise I would not be here now”.

Summary.

- The factors that helped students cope with their loss included availability of family support and social network, availability of material support, relationship with the deceased, keeping occupied and faith in God.

5.1.1.8 Help available to AIDS orphans in schools

Student i acknowledged that she put aside her fear and talked to the counsellor and that this helped her deal with the problem that she faced. However, none of the students interviewed reported approaching any teacher in cases where they felt that they needed someone to talk to. However, what was evident was that, in all cases, after the burial of their parents they wanted to

go back to school as soon as possible. All the students interviewed acknowledged that they spent no more than a week at home. One of the students reported back to school two days after the burial. When asked to give reasons for this, they said that they wanted to get away from it all. Summing up the view of the rest, one said:

“I wanted to forget about it all. At home, there were a lot of people; everything kept reminding me of them [parents]. I felt that at school it was a bit peaceful. Even at school I didn’t want people telling me sorry, sorry all the time.” (Student iii, School A, Research interviews, 1998)

Friends were instrumental in helping bereaved students during and after bereavement. All the students felt that they could rely on their friends and peers at school. For example, one student said:

“ My friends they helped me. They told me sorry, they told me ‘Don’t cry’. Sometimes they help me with things that I don’t have, They helped me very much.” (Student ii, School A, Research interviews, 1998).

Four of the students interviewed mentioned that they would have liked the school to pay all or half of their school fees so as to make it easier on both them and their guardians.

Summary.

- The counselling unit if used effectively by the bereaved students could help them cope with the loss.
- Despite the students’ unwillingness to seek help from the teachers in school, they

nevertheless maintained that they preferred to be at school.

- The students seemed more willing to seek help from peers than from teachers or school administration.

5.1.2 Student interviews in school B

Student	Gender	1 st bereavement/ Year	2 nd bereavement/ Year	Class	Guardian
i	Female	Mother/ 1996	Father/1997	Senior 5	Sister
ii	Female	Father/ 1996	Mother/1997	Senior 3	Uncle
iii	Female	Father/ 1996	Mother/ 1998	Senior 1	Brother
iv	Male	Mother/1997	Father/1998	Senior 2	Uncle
v	Male	Father/ 1992	Mother/1997	Senior 5	Cousin

Table 5.1.2 Demographic features of orphans in school B

School B as mentioned earlier, is a mixed school. I interviewed five students; three girls and two boys. One girl was staying with her brothers and a sister as a children-maintained household (i). One was staying with an uncle, (ii) and the third was staying with an elder brother (iii). Of the two boys, one was staying with an uncle (iv) and the other with a cousin (v). All the students had lost both parents. The table above gives a summary of the interviewees background information.

5.1.2.1 Communication of bereavement

Three out the five students interviewed pointed out that their parents had died when they were at home. When asked why they had not attended school that day they said that their parent had been very ill and that they expected him/her to pass away any time. Two out of the five students interviewed mentioned that they were not at home when their parent passed away. One of the students pointed out that his mother was very sick and though it was expected that she would pass

away any time, she passed away four days later. After the first two days of waiting, he decided to attend school. No one had informed him of the death; it was when he came back from school that he learnt of the death. He said:

“ I just knew it. When I saw a lot of people in front of our house. I knew that my mother had died. You see, it was as if it was not me seeing those things. I found myself in the room that they had put her in.”(Student v, School B, Research interviews, 1998)

Student iii, however, pointed out that her elder brother came and collected her. Nevertheless, she maintained that as soon as she saw her brother standing in front of the administration building she knew that something was wrong at home and that she immediately suspected that her dad had passed away. All the students' concurred that they did not inform the teachers about the death of their parent(s) when they came back to school. However, one of the students said he told class teacher when he faced school fees problems.

Summary.

- The majority of the students were at home when their parent died.
- All the students did not inform the school of the death when they came back to school.
- Students during collection of school fees sometimes gave information about the death of parents.

5.1.2.2 Perception of the problem of AIDS orphans at school

All the five students were aware that they were not the only students in the school who had lost parents. However, they did not mention the cause of death. For example, one of the students said:

“In my class I know some my friends who have lost their mum or dad. But for me and my other friend, our mum and dad died so we sit together in class.” (Student iii, School B, Research interviews, 1998)

Summary.

- Although the majority of the students did not discuss the cause of death of parents they were aware that a number of their peers had lost parent/s too.

5.1.2.3 Stigma attached to AIDS in schools

Although all the five students interviewed pointed out that their parent(s) had been sick for a long time, and that one of the parents had died followed by the second parent, and that they more or less expected the death to occur, only two of the students' directly mentioned AIDS as the cause of death. For example, one of the students explained: *“But you see at that time I didn't know that she had AIDS. She used to tell us that she had diabetes”* (Student i, School B, Research interviews, 1998).

Summary.

- Two of the five students interviewed voluntarily pointed out that their parents had died as a result of contracting AIDS.

5.1.2.4 Identification of AIDS orphans in schools

All the students showed willingness to participate in the interviews. However, it should be noted that the students interviewed were aware that they had been selected because of their orphan status and not due to AIDS orphans status.

Summary.

- All the students were willing to take part in the study.

5.1.2.5 Effects of bereavement on AIDS orphans

The students interviewed reported some or all the following: they felt depressed, frustrated and that they did not want to be reminded of the death. Some said that they kept away from their friends and teachers because they did not want to hear them saying “sorry”; others felt that their academic work had declined, when asked to explain they said that it was partly due to missing classes as a result of different problems they faced:

“I remember when she had died I was feeling bad all the time. I had a bad temper, always annoyed. In fact I was chased out of school because of fighting. I ran away from home. So at school I was behind in my work.” (Student v, school B, Research interviews, 1998)

Summary.

- Students reported a range of effects of bereavement.
- These included: depression, isolation, frustration and a decline in their academic work.

5.1.2.6 Problems faced by AIDS orphans in schools

Four of the students maintained that one of the biggest problems that they faced was school fees.

For example, student iv said:

“I face problems like school fees because it is the most important for me. Also I didn’t have where to stay during the term. During my vacation I started looking for a job. I worked there for two months. There was a lady who had promised to pay for me school fees but it didn’t go as I expected. I had got other schools, boarding school but I couldn’t afford. I got this place myself. I have to cater for the food, transport and everything. My uncle just gives me part of the school fees, sometimes sends me something in the hostel. My academic work was affected by all these problems I didn’t perform properly. At one time I thought of leaving it all and trying again next year.”(Student iv, school B, Research interviews, 1998).

Only student i mentioned that close contact with relatives had deteriorated. She pointed out that nearly all of her relatives had neglected her and her siblings. They did not visit them during the holidays and financial help from them was also minimal:

“Well, my sister's friend [boyfriend] pays for my fees. Our dad left a car and it works and brings in some money. We use it for food and things like that. But her friend also helps. It’s like I am praying to God that everything goes on well. We keep paying [school fees] half, half until we finish. You see last year I had to stay at home for a full term because there was no money, some of my relatives had promised to pay my fees but they didn’t, they took me to the village. I waited and waited until my sister sent for me money to come back here. Our relatives they are no longer interested in us, even we don’t go there and they don’t come here. When our parents died it was as if now we no longer matter.”(Student i, School B, Research interviews, 1998).

However, the other four students maintained that family relations remained more or less the same. For example, student iv’s views summed up those of the others, he said:

“We are living in the extended family. Well there are many fathers [uncles], relatives and each one is there for you. The only problem is my uncle has so many people to look after, I cannot get what I want all the time”.

Three out of the five students interviewed maintained that they faced transport problems. They stayed far from the school and had to walk to and from school each day. Some relied on ‘good Samaritans’, sometimes friendly neighbours who offered them a hitch to town:

“I usually walk to school but there is our neighbour, I sometimes come with him in the morning, but in the afternoon we foot.”(Student i, School B, Research interviews, 1998)

“And you see I am staying in N so I walk every day to school and back. I don’t have money for transport so I have to leave home at 6 in the morning.”(Student ii, School B, Research interviews, 1998).

What was also evident was the fact that most of the orphans were separated from their brothers and sisters. Due to the large number of children in a family, different relations distributed responsibility among themselves, which resulted in the children’s separation. For example, student ii whose views were the same as those of two others, said:

“I have four sisters and four brothers. After the burial my uncles sat down and they discussed that we were too many so each one had to take care of one of us. For me I had to come with my uncle, my other sister and my other sister for them my aunt took them. For me, I came alone. I don’t see my brothers and sisters. I feel sad because I think about them and I want to go and see them but I fear to tell my uncle. And also I told you I am the one doing the house work.”

Summary.

- Most of the students faced financial problems.
- The majority of the students maintained that school fees were a major problem.

- One student reported poor family relations and hence felt unloved.
- Separation of siblings from the bereaved students caused further distress.

5.1.2.7 Factors that influence coping

The four students mentioned some or all of the following:

1. Family support and social network facilitated adjustment to the loss, for example:

“We are living in the extended family. Well, there are many fathers [uncles], relatives and each one is there for you. The only problem is my uncle has so many people to look after, I cannot get what I want all the time” (Student iv, School B. Research interviews, 1998),

2. Availability of material support, time, faith in God, for example:

“God, and then my friends, my relatives, they helped me. I could ask them for things that I don’t have, sometimes, if they have the money, they give me.”

3. Relationship with the deceased, for example:

“With me, I think the things that helped me are many. When my mum passed away, I felt that the world had come to an end. I used to cry and I used to pray. I prayed to God to help me. All of us [brothers and sisters] we used to pray together. Then my elder sister, she always was telling us to be brave. Also, when my father died, now we were on our own. But God has helped us, we are still here. For me, after some time, I have now got used to it. There is nothing we can do.”(Student i, School B, Research interviews, 1998)

Summary.

- The factors that helped students cope with their loss included availability of family and social network, availability of material support, faith in God, time and relationship with the

deceased

5.1.2.8 Help available to AIDS orphans in schools

One out of the five students interviewed acknowledged that when she came back to school after the burial, the class, under the teacher's supervision, collected some money and gave it to her as a sign of sympathy. Apart from this all the students maintained that nothing else was done. They also acknowledged that their class teachers always deferred payment of school fees until a later date that they could meet. However, they pointed out that the deadline was usually at the beginning of examination time.

The five students interviewed pointed out that they felt uncomfortable discussing their problems with other people who they felt would not help. They felt that their friends at school were very helpful. For example, student i said:

“I didn't tell any one at school except my friend R. She is helpful, if I don't have money for transport she gives me, she comforts me, she is so helpful... the school does nothing; you can't go on telling everyone your problems and they won't do anything for you.”

All of the five students interviewed maintained that they would like the school to intervene: to either waive the school fees or to reduce the fees by half. For example, student iv's views summed up those of the rest:

“ The school should give us some facilities, forgive [exempt] us or at least even pay a half of the school fees. There, maybe we could manage to study properly.”

Summary.

- The bereaved students perceived peers/friends to be more helpful than teachers or the school administration.
- There was very little financial and psychological help for bereaved students in the school.

5.1.3 Student interviews in school C

Student	Gender	1 st bereavement/ Year	2 nd bereavement/ Year	Class	Guardian
i	Female	Father/ 1998	Mother/1998	Senior 3	Uncle
ii	Female	Mother/ 1995	Father/1998	Senior 5	Sister
iii	Female	Father/1994	Mothers/ 1997	Senior 3	Grandmother
iv	Male	Father/ 1997	Mother/1997	Senior 5	Grandmother
v	Male	Father/ 1996	Mother/1998	Senior 3	Brother

Table 5.1.3 Demographic features of Orphans in school C.

School C as already mentioned, is a mixed residential school. All the five students interviewed had lost both parents. The table above gives a summary of the interviewees background information.

5.1.3.1 Communication of bereavement

All five students said that when their parents died they were at school and that a relative had picked them up from school. However, the information [death of parent] was not given to them while they were at school nor were they told about it on their way home. Nevertheless, all the students maintained that they knew that they had lost a parent. Student ii aptly said:

“I just knew, I had to know. When I left her [mother] at home I was bothered; I didn’t know if I would see her alive again. But I had to go to school.”

However, for student iii, it was different. She stayed in the school dormitory. Her mother who was once a teacher at the school lived with her brother and a maid, nearby. When the student's mother passed away in the night, the maid came into the dormitory and informed her about it:

"They came for me at night.

[Interviewer] *Who?*

The house girl [maid] came and told me. I thought about my brother and now what were we going to do?"

Summary.

- The majority of the students were not informed of the death of their parent by the school authorities or the relative. However they rightly guessed the reason why they were being collected because they had left their parent/s ill.

5.1.3.2 Perception of the problem of AIDS orphans in school

Although the students interviewed did not indicate the cause of death they were aware that some of their friends/peers had lost parent(s) too. For example, student i said:

" I have classmates whose parents are also dead. Even I have my best friend, she is also an orphan, and her father died last term. We talk together"

Summary.

- All the students were aware that some of their peers, too, had lost parent/s; however, they did not discuss the cause of death.

5.1.3.3 Stigma attached to AIDS in schools

All the five students interviewed pointed out that their parents had been ill for a long time and that they expected the death to occur. In all cases one parent had died, later followed by the other; however, none of them mentioned that the death was HIV/AIDS related. For example, student ii said:

“When they came for me, I guessed that daddy had died. I had been at home and he was very, very sick.

[Interviewer] *What was wrong?*

[Long silence] *He was just sick.”*

Summary.

- None of the students mentioned that the death of their parents was HIV/AIDS related.

5.1.3.4 Identification of AIDS orphans in schools

During the course of the research in this school I had to abandon interviews with two of the students whom I had sampled earlier. I could sense that they were not comfortable and not willing to continue with the interviews. When I asked them whether we should end there they agreed. All five students reported here were willing to participate in the interviews. However,

they were informed that their selection was due to orphan status rather than due to AIDS orphan status.

Summary.

- Some students did not feel comfortable discussing the death of their parent: the reason may have been that the cause of the death was AIDS.

5.1.3.5 Effects of bereavement on AIDS orphans in school

Interestingly, although the students pointed out that they guessed that their parent was dead when a relative came to pick them up from school, they maintained that they had hoped that the death would not occur when it did. For example, student i said:

“When mum died I couldn’t believe it. Not really, I thought that she would improve because the other time she was sick they took her to hospital and she improved so I expected the same situation to occur. I felt bad, I felt frustrated. I didn’t know what to do.”

The students’ reported all or some of the following: loneliness, tiredness and weakness most of the time; they lost interest in their school work, they dodged classes, wanted to stay on their own (isolated themselves from others) and generally declined in their academic work.

Summary.

- The students reported different reactions to bereavement.

- These included: loneliness, tiredness and weakness most of the time, they lost interest in their schoolwork, they dodged classes, isolated themselves from others and generally declined in their academic work.

5.1.3.6 Problems faced by AIDS orphans in school after bereavement

Three out of the five students interviewed mentioned school fees as one of the major problems they faced. School fees for student iii were paid by the school; however, she was shabby and looked unkempt, and had holes in her shoes and school uniform. Student i, too, did not face the problem of school fees: *“I have someone to pay my school fees, I have somewhere to stay and so I am grateful.”*

Three of the students felt unloved and unwanted by relatives:

“ Also our relatives don’t come to visit us, they just used to come when our father was alive. Now they don’t like us.

[Interviewer] Do you go to visit them?

No. We just stay at home during the holidays. (Student ii, School C, Research interviews, 1998).

“No one wants us, no relatives come to visit us. They give us nothing; they don’t come to see us. We only stay with our grandmother.” (Student iii, School C, Research interviews, 1998).

All five students concurred that they found Visitation Day distressing because it reminded them of their parent(s). Student iv put it like this:

“You see others with their mothers and fathers. It makes me remember mummy, she used to come, always. She used to bring me stuff. That is why I just like to stay in the dormitory and sleep.”

Summary.

- Most of the students faced financial difficulties.
- School fees were a major difficulty.
- Students sometimes faced psychological problems.
- Most of the students felt neglected by relatives.
- Visitation Day triggered psychological problems.

5.1.3.7 Factors that influence coping

The five students mentioned some or all of the following:

- 1 Family support / social network, without which life seemed more difficult. Student iv, whose views are reported expressed this thus:

“We are suffering. Our relatives don’t come to see us. We write to them but no-one replies. Sometimes when you go to see them (relatives), when you reach there they tell you they don’t have money even when you have not asked for money. This hurts me.” (Student iv, School C, Research interviews, 1998)

2 Availability of material support made it easier: *“I have someone to pay my school fees, I have somewhere to stay and so I am grateful.”*(Student i, School C, Research interviews,1998)

3 Religion: Asked what helped her cope, student iv replied:

“Patience and praying to God and also my friends.

[Interviewer] What do your friends do for you?

They console me and give me some things that I don’t have.”(Student iv, School C, Research interviews, 1998)

4 With time it became less painful and also keeping themselves occupied:

“Busying myself [I keep myself busy], and I make sure that I am not alone. Even when I am alone I get a novel and read just to keep busy so that I don’t remember - try to forget the past(Student i, School C, Research interviews, 1998).

Summary.

- Factors that influenced coping included family support and social network, availability of material support, faith in God, time and keeping themselves busy.

5.1.3.8 Help available to AIDS orphans in schools

All the students pointed out that they had not spent more than a week at home after the funeral service. One student said that she spent only a day at home before she came back to school. However, all the students mentioned that they did not feel free to confide in teachers if they faced

problems. What was also evident was that in all these cases the students acknowledged that they preferred to come back to school. Student i said:

“I preferred to be at school.

[Interviewer] Why?

First of all when my mother was at home sick, every time I would think of death, even when she died I hated being at home because everything reminded me of her. I was happy to come to school.”

Student iv said:

“I wanted to come back to school. At home there were many people; you keep remembering everyone is looking at you. But at school it is different; you forget a bit. You talk to friends and you keep busy.”

It was evident that the students felt that they could rely more on their friends and peers than any other person in the school. For example student ii said:

“I was grateful to my friends and my classmates; they collected money and gave it to me. My friends comforted me and assisted me. They copied for me the notes and fetched water for me. They are the ones who helped me very much.

Three out of the five students interviewed pointed out that they would like the school to intervene; they wanted assistance with their school fees and school essentials like scholastic materials and textbooks.

Summary.

- Despite lack of effective financial and psychological help at school, bereaved students preferred to come back to school rather than stay at home.

- The students perceived peers and friends as instrumental in helping them after the loss of their parent.

5.1.4 Student interviews in school D

Student	Gender	1 st bereavement/ Year	2 nd bereavement /Year	Class	Guardian
i	Male	Father/1997	Mother/1998	Senior 1	Aunt
ii	Male	Father/1997	Mother/1998	Senior 5	Uncle
iii	Male	Mother/1996	Father/ 1998	Senior 3	Uncle
iv	Male	Mother/1998	Father/1998	Senior 3	Sister
v	Male	Father/1995	Mother/1998	Senior 5	Uncle

5.1.4 Demographic features of orphans in school D

As already mentioned, school D is a boys’ residential school. Five students were interviewed. All had lost both parents. The table above gives a summary of the interviewees background information.

5.1.4.1 Communication of bereavement

All five students were at school when they lost their parents. A relative came to pick them up for burial. They all concurred that the information about the death of their parent(s) was not given while they were at school. They further concurred that even on their way home no one gave them this information. However, they had already guessed what had happened: that they had lost their mother/father. For example, student iii said:

“They never told me, the body was already in Lira. We were going from school for

the burial] and everybody was quiet in the car so I knew it, I guessed he was dead. And then, I had left him sick.”

Summary.

- All the students were not informed directly by their relative or the school administration about the death of their parent, nevertheless they pointed out that they rightly guessed it because they had their parent very ill.

5.1.4.2 Perceptions of the problem of HIV/AIDS orphans in schools

All the students were aware that they were not the only ones in the school who had lost parents. However, the cause of death of parents was not mentioned. For example student, i put it aptly:

“Also I know that I am not the only one [who has lost parent(s)]. Others also have lost both [parents] but at least I know of some who have lost one.”

Summary.

- The students were aware that they were not the only orphans in the school, however, the cause of death was not discussed.

5.1.4.3 Stigma attached to HIV/AIDS in schools

Although all five students mentioned that their parent had been ill for a long time, and were in and out of the hospital often, and that one parent had died followed by the second parent. None of the students mentioned that their parents had died of an AIDS related disease. What was

interesting to note was that one of the administrators overseeing one of the orphaned student who was a family friend had pointed out to me that the parent had died of AIDS. However, this student said

“My mum was sick on and off. She was not working. She was sick for a long time.

[Interviewer] What was wrong?

She had a problem with her liver. It is the one that killed her.”(Student iii, School D, Research interviews 1998)

Summary.

- Although the students pointed out a number of issues related to the death of their parents, which corroborated to HIV/AIDS, none of them acknowledged that their parent had died through contracting HIV/AIDS.

5.1.4.4 Identification of AIDS orphans

All the students interviewed were willing to take part in the study, they did not seem to mind being identified as orphans. However, they were informed that their selection was due to orphan status and not that of AIDS orphan status.

Summary

- All the students did not seem to mind being identified as orphans.

5.1.4.5 Effects of bereavement on AIDS orphans in schools

The five students interviewed pointed out some or all of the following:

They maintained that they were affected academically. For example, student ii said

“I couldn’t read a sentence I could read maybe two times but I could not understand it [what he was reading], I couldn’t concentrate. My work was bad. But now I am okay

However some maintained their work was not affected:

“There is no change in my academic work. For me when I came back I was always reading. Problems can be overcome. You need to just work hard?” (Student iii, School D, Research interviews, 1998)

A number of students also pointed out that it was an emotionally difficult time. They maintained that they kept thinking of their parents and wondered what would become of them.

Some maintained that they felt frustrated, they dodged classes and also tried to keep away from other people.

One of the students commented that he did not like being near others because they reminded him of the death of his father when they told him they were sorry.

Summary.

- Students reported different effects that bereavement had on them.

5.1.4.6 Problems faced by AIDS orphans in schools

Two out of the five students interviewed pointed out that they faced school fees problems. For example, student v had failed to come back to school after he lost his second parent. However, when his friends at school learnt of his fate they pooled money and paid his fees. On the other hand three of the students maintained that this was not a problem. Students' iii and iv pointed out that their father had left property and that this was used to pay for school fees: *"For me my school fees comes from the cows that my dad left behind."*(Student iv, School D, Research interviews, 1998).

Student i's case was different. He was a very bright student and had been the second best student in the whole country in his primary leaving examination. When the press interviewed him he informed them that he was an orphan and that he was facing school fees problems. He then received a scholarship from the manager of one of the prominent companies in the country.

Two of the students also pointed out that they were caught in the middle of family wrangles, especially about the estates of their parent(s).

"The biggest problem is family problems. My stepmother quarrels with my brothers all the time. All the time there is war in the house. I don't like this."(Student iv, School D, Research interviews, 1998).

All the students pointed out that Visitation Days were quite distressing. They maintained that sometimes their guardians sent them supplies and pocket money, but it was the memories that the day brought that were difficult to deal with. For example, student i said:

“I never have visitations these days. They just send me money or something. I just remain in the dorm [dormitory]. If you come out you see other children with their parents and then you remember. In the beginning I used to cry but these days I just go in the dorm and do something.”

Two of the five students stayed with their brothers and sisters under the supervision of a maid. They pointed out that their guardians usually came at weekends to check on them and provide supplies and money. Apart from this they were not in contact with other relations. Student iii said:

“ For me, I stay with my young brothers and sisters and the house-girl [maid]. My uncle comes to see us on weekends and he brings us money for the next week.

[Interviewer] *Who else comes to see you at home?*

Only my uncle; we don't get other visitors.”

All five students felt there was no need, nor were they comfortable, to talk to teachers or administrators if they faced problems. Student iv said:

“ I don't talk to anyone when I have a problem. I don't feel comfortable to talk to a teacher.

[Interviewer] *What about administrators?*

No. I don't think it is necessary, you can just try to solve the problem yourself.”

Summary.

- Most of the students had no financial difficulty.
- Some of the students mentioned family wrangles related to the management of their parents, estates.

- Visitation Days triggered psychological problems.
- Some of the students felt abandoned by relatives.
- Students were not willing to seek help from teachers or administrators when faced with problems.

5.1.4.7 Factors that influence coping

The students mentioned some or all of the following:

- 1 They kept busy

“At school you are occupied, you can’t get many thoughts because you are not idle. For me I used to converse with friends, we go and do some games and the time goes. (Student i, School D, Research interviews, 1998).

- 2 Religion and availability of material support:

“I don’t have many problems because now my school fees is being paid and my aunt gives me the some requirements” (Student i, School D, Research interviews, 1998)

- 3 Family support and social network

“There is an uncle who talked to me and told me not to worry. Also my relatives are good to me” (Student iii, School D, Research interviews, 1998).

- 4 Time and the relationship with the deceased.

Summary.

- Factors that influenced coping included faith in God, keeping oneself occupied availability of material support, family support and social network, time and relationship with the deceased.

5.1.4.8 Help available to AIDS orphans in schools

Three of the students maintained that they were not aware of the counselling unit in the school. However, all students pointed out that they would not feel free to use it because they would be uncomfortable confiding in the counsellor. Nevertheless, they maintained that they preferred to come back to school after the death of parent(s) rather than staying at home. All reported back not more than a week after the death of their parent(s):

“I reported back three days after the burial. I wanted to get away; I wanted to come back to school, away from the whole thing. I like studying so I want to study very hard and make for myself a future.” (Student v, School D, Research interviews, 1998)

I wanted to come back to school quickly. At home the only discussion was about the death of mum. I didn't want to talk about it. Here at school no-one talks about it. Only, in the beginning they said sorry.”(Student i, School D, research interviews, 1998)

It was evident that the students felt that they could rely more on their friends and peers than any other person in the school. Student v said:

My friends were very helpful; they collected money for me [for school fees] and at least I was happy about it. Even when you have a problem they help.

[Interviewer] *What problem?*

If you don't have, say, sugar small, small things. They always help.

Two of the students pointed out that they would like the school to intervene and pay school fees for them or waive part of them. However, all the students said that they would like assistance with scholastic material, textbooks and other essentials that they used at school like salt, sugar and soap.

Summary.

- Most of the students were not aware of the counselling unit in the school.
- They were not willing to use the counselling unit
- Students preferred to come back to school after the death of their parents rather than staying at home.
- The students perceived their peers and friends as “there for them” more than teachers or school administrators.

5.1.5 Student interviews in school E

Student	Gender	1 st bereavement/ Year	2 nd bereavement/ Year	Class	Guardian
i	Female	Father/ 1995	Mother/1997	Senior 5	Grandmother
ii	Female	Father/ 1997	Mother/1998	Senior 3	Aunt
iii	Male	Mother/1996	Father/ 1998	Senior 3	Grandmother
iv	Male	Father/ 1997	Mother/1998	Senior 5	Aunt
v	Male	Father/ 1995	Mother/1997	Senior 5	Uncle

Table 4.3.5 Demographic features of orphans in school E

School E was a residential mixed school. Five students were interviewed; three boys and two girls. All had lost both parents, two were staying with their grandmothers, two were staying with their maternal aunt and one was staying with a paternal uncle. The table above gives a summary of the background information of the interviewees.

5.1.5.1 Communication of bereavement

All five students interviewed were at school when their parent(s) passed away. They pointed out that one of their relatives came and picked them up from school. However, the information of the death was not given to them while they were at school, nor did the relative inform them on their way home. What was interesting however was that these students had already guessed that they had lost their parent. For example, one of the students said:

“For me when they came for me, something clicked. My aunt was in a gomesi and you know that is what they put on when you are going for burial. So I just put two and two together.

[Interviewer.] What do you mean two and two together?

The fact that I left my mum very sick and this [coming for him at school with a gomesi].” (Student iv, school E, Research interviews 1998)

Summary.

- The majority of the students were not informed of the death of their parent by the school authorities or the relative. However they rightly guessed that their parent had died because they had left their parent/s ill.

5.1.5.2 Perceptions of the problem of HIV/AIDS orphans in schools

The students were aware that some of their peers/ friends had lost parent(s) too, however, they did not discuss the cause of death. For example, student i said:

[Interviewer] How did you get to know about this organisation?

The deputy told me about it. He also said that there are other girls who he is trying to get help for. You see there are also some students who are like me [who have lost parent(s)]. For me, my biggest problems are school fees and shelter.

Summary.

- The students were aware that there were other students in the school who had also lost

parent/s.

5.1.5.3 Stigma attached to HIV/AIDS in schools

All five students pointed out that their parents had been ill for a long time and that they had expected the death to occur. In all cases one parent had died, subsequently followed by the other. However, none of the students mentioned that their deaths were AIDS related. For example, student ii said:

“Most of my father’s side they kept dying. I understand they were 12, all my aunts are still alive but they lost 5 brothers.

[Interviewer] What was the matter with all of them?

Well, just illnesses.

[Interviewer] Can you explain please?

Well my other uncle I understand died of cancer, another had TB, things like that.

What about your dad?

It was also same. For him he had many complications. First he had malaria then they said that it has affected his liver, then he started coughing...things like that.”

Summary

- None of the students mentioned that the death of their parents was as a result of contracting HIV/AIDS.

5.1.5.4 Identification of AIDS orphans

All the students were willing to take part in the study. They were aware that their selection was due to orphan status rather than of AIDS orphans. However, one of the students did not wish to receive any help from the school; she said:

“I wouldn’t like them [school] to do anything because that would be as if they are making us special. For me I think that I am okay more than those who have both parents are.”(Student ii, School E, Research interviews 1998).

Summary

- The majority of the students were willing to take part in the study.
- Identification of orphans were complicated by the cultural connotations attached to the term orphan

5.1.5.5 Effects of bereavement on AIDS orphans in schools

The students interviewed pointed out some or all of the following: While some maintained that they were affected academically, others felt that their academic work did not suffer. The following examples typify the views of the students:

“Things were not easy. I was sad, I was disturbed, and everything was difficult. I couldn’t concentrate, it was hard. I used to perform poorly but after some time I picked up.” (Student v, School E, Research interviews, 1998).

“I was crying all the time. I couldn’t concentrate. In fact that term the teacher said that I had no choice, I had to be demoted. I was sort of disappointed. I just cried.” (Student vi, School E, Research interviews 1998)

“ For me somehow I managed. I used to make sure that I get on with my books. It helped me to keep the thoughts away, so I [my work] did not drop in class.” (Student i, School E, Research students interviews 1998).

Some felt sick and weak all the time: *“When I came back I used be sick, weak and dizzy and also sleepy.”* (Student v, school E, Research interviews 1998).

They isolated themselves from others, lost interest in their schoolwork and dodged classes. Some felt angry, frustrated and were short tempered: *“I used to feel impatient and angry with people but then it’s not their fault.”* (Student ii, School E, Research interviews 1998).

Summary

- The students pointed out different effects that bereavement had on them. These included: loss of interest in their academic work, sadness, loneliness, tiredness and they felt ill, they isolated themselves and dodged classes.

5.1.5.6 Problems faced by AIDS orphans in schools

While two out of the five students mentioned school fees was a major problem, three of the students maintained that it was not. For example, student i said:

“But now my work has gone down because every time they send me out of school

because of fees. This also depresses me. You see, you can be the only person in class who is ever being chased to go back home and when you go back there is nothing. My grandmother has nothing. But I have not yet been chased this term."

Student ii, for example, said: *"I don't get problems with my school fees, my aunt pays."*

And, *"My Father left property. School fees is not much of a problem."* (Student iv, school E, Research interviews 1998).

Two of the students felt unloved and unwanted by their relations. Both of them stayed with a grandmother. For example, student iii said:

"Well our relatives they sort of neglected us now, like they didn't care. They don't help us. When our dad was alive they used to come and visit but they no longer do."

All the students found Visitation Days distressing because it reminded them of their parents. Two of the students pointed out that their guardians made an effort to visit them; however, the rest said that they had not been visited by anyone since their parents died, nor did they receive any supplies.

What was also evident was that despite the problems that the students faced, some did not approach teachers or the administration for help. For example, student ii said: *"I normally get down on my knees and pray there is no one I can tell. I can't talk to the teachers; I don't know how serious they will take me."*

One of the student had solicited help from an administrator who was also a personal friend of the family but said she could not confide to other people. She said:

“I normally talk to no-one. I feel that it is difficult to confide in anyone. But the deputy HM is trying to help me. He told my grandmother that he is going to get me some forms, which I should fill, and some organisation will help me. I have already filled in the form but I am waiting for a reply.” (Student i, school E, Research interviews 1998).

Summary.

- Some of the students faced financial difficulty.
- Some students faced psychological problems.
- Some of the students felt rejected by their relatives.
- Visitation Day triggered psychological problems.
- The majority of the students were not willing to confide in teachers or the school administration.

5.1.5.7 Factors that influence coping

The five students interviewed mentioned some or all of the following:

Religion/faith in God, availability of family support and social network, availability of material support, keeping themselves preoccupied, staying at school and with time adjustment to the loss became easier. For example, one student said:

“But now I feel better when I am at school. School is like my home; I don’t have to think about the problems at home. I feel more happy at school, you see at home they have to discuss things and then you feel’ it’s me who has brought all this problem’”.

Summary.

- Factors that influenced coping included Faith in God, availability of family support and social network, availability of material support, keeping preoccupied, staying at school and with time it became easier.

5.1.5.8 Help available to AIDS orphans in schools

All the students pointed out that they had not spent more than one week at home after the funeral service. One of the students commented that he had to come back the following day because he had examinations to do. However, all acknowledged that they preferred to come back to school rather than staying at home because then life went back to “normal”.

One aptly said:

“It’s better at school; when I came back they said a prayer for me at the beginning of the lesson then everything went on as normal. You are not reminded every time that you have lost someone, because you are busy.” (Student v, school E, Research interviews 1998).

All the students felt that they could rely more on their friends/peers than other people in the school. For example student iii said:

“ My friends used to talk to me, they supported me.

[Interviewer] How?

They copied notes for me, they ask if there is something that you need-they help you.

[Interviewer] What about other people in the school?

Say like teachers?

[Interviewer] Yes.

No. I don't feel free. It's only my friends.

Two of the students mentioned that they privately shared their experience with other boys who had also lost parent(s). For example, student v said:

" I have my other friends in my house, we have all lost parents.

[Interviewer] Both parents?

No; one. Just lost a mum.

[Interviewer] Yes?

Sometimes we talk about it [death of parent], we even end up laughing.

[Interviewer] Do you do this with all the other students in the house?

No, when they come in we keep quiet.

[Interviewer] Why?

For them, they can't understand, they don't know what it's like."

Four of the students wanted the school to intervene and pay half of the fees or waive part of them. They also wanted assistance with scholastic materials and other essentials like soap and sugar. One of the administrators was helping orphan students to solicit for funds. However, this was on a personal basis rather than a school initiative.

Summary.

- There was no effective financial or psychological help offered to the students
- However, the students preferred to come back to school
- The students perceived they could depend more on their peers and friends than teachers or administration.

5.2 Interviews with other respondents

5.2.1 Interviews with non-government organisations

Four officials from four different organisations were interviewed. These were Save The Children Fund (SCF), The AIDS Support Organisation (TASO), World Vision and Uganda Women's Effort to Save Orphans (UWESO). The aim of the interviews was to investigate what these organisations were doing for AIDS orphans in secondary schools.

None of the organisations had any specific programmes; financial or psychological, for AIDS orphans in secondary schools. They further pointed out that their organisations dealt mainly with primary school orphans. This was done on an individual basis through liaison with community leaders and not through the schools. However, direct payment of school fees and scholastic materials even for primary schools was being phased out by three of the organisations. The organisations attributed seclusion of secondary school orphans to the following reasons:

Financial implications involved in supporting secondary school students. As the numbers of orphans increased this meant that more money had to be injected into the organisations to support them. This was not feasible. For example one of the organisations said:

“Yeah, like around 1991-1992 we could support children up to university level or other higher institution of learning, but then when the problem grew bigger and bigger and we were receiving more children for support we decided that the highest we could support the kid was up to primary 7 and then we would encourage that kid to join a vocational training centre.”(UWESO)

2 The organisations also pointed out that supporting secondary children had moral implications. They felt that it was more ethical to support primary school children who had no basic skills and who would require less than concentrating on secondary school children who would require much more money:

“I mean, over all, of the children we support, very few are secondary. Reasons are that it is a centre of a lot of debate. One, it is very painful to see a child who has had no opportunity whatsoever to go to school to do even the basics. When they grow up then they will become mothers and fathers. Also there are opportunity costs as well. Primary school education generally, before UPE, compared with secondary school, secondary education could range 5-10 times more expensive. It means that for every secondary child that you support at secondary you could actually have supported about 10 in primary. You are, for example, in a rural poverty-stricken situation, what do you do? Do you support one who has made it to secondary or do you support these ones who have nothing. But we still don’t want to kill the potential of those who have made it to secondary so we are rather selective. So if one has a very good potential then we may help.

[Interviewer] So what happens to the primary children you support after the seven years?

Unfortunately, yes, we have to stop. As I said earlier, we are operating with limited resources so we are just looking at a way of getting the most out of that money. If we had resources we would have loved to support them further.

3 lack of funding from donor institutions

“At the moment we only deal with children in primary schools. We can’t afford it too. As I told you, the main aim of this organisation is targeted to the AIDS victims and we want to commit our resources in helping the victims and we hope that other organisations can deal with other issues.

What happens to those children under your support for complete primary education?

We have not reached that. We had a scheme; we get donors for them, but now we no longer receive such funds so it is no longer there. We encourage the orphans to get some thing else to do.”(TASO)

When asked what happened to students under their support, who completed primary, they commented that these were encouraged to attend vocational institutions. Only the very promising ones were sometimes considered for further help.

“You see there are some we have supported and they have made it to university. But this was unique circumstance.

[Interviewer] *Such as?*

They may have been special performers, who are very academically bright and very hard working. For example mother and father dead, guardian is very weak but his reports are good and he tries to support himself. So we can consider A’s, but then they said that this was too high in the local communities so we lowered it to super B’s but even here it depends on the funds if we get too many children qualifying then we have to again take it higher. These are painful decisions that we have to take.

They further pointed out that most of the programmes they had were in rural areas rather than in urban areas because these were the areas of greatest need. Kampala area had relatively small projects. It should be noted that these organisations generally supported anti-AIDS programmes in schools that were geared towards the education and prevention of the disease.

Three of the organisations pointed out that due to the stigma attached to AIDS, help was extended to orphans, due to orphan status and not necessarily to cause of death of the parents. For example:

“We don’t categorise them as AIDS orphans or war orphans. We don’t want to do that, especially for AIDS, because it carries a stigma; but at least we know, because we have staff at the local level. We have so many grandmothers looking after the aids

orphans but we don't have separate programmes for them.” (UWESO)

Summary

- The major focus of financial help by the non-government organisations was primary school orphans.
- There were no specific social or financial networks for AIDS orphans established by non-government organisations aimed at supporting AIDS orphans in secondary schools.
- Secondary school orphans were not supported due to the moral and financial implications involved.
- Most programs supporting AIDS orphans or orphans in general were in rural areas.
- Most non-government organisations did not differentiate between AIDS orphans and other kinds of orphans because of the stigma attached to HIV/AIDS.
- When financial help was extended to orphans, it was dependent on the student's performance.

5.2.2 Interviews in teacher training institutions

“What I am saying is that, here, there is no bereavement counselling done at the undergraduate level. We do a component of the curriculum called counselling and guidance, but it is a large course of between 300-500 students and there is no way you can give practical experience, small role plays. So, at the under graduate level, there is nothing. All we try to do is to sensitise teachers on communication skills, special listening skills, that people can be different and they are all still right.”

They further pointed out that bereavement counselling was offered as an optional course at the Masters level and that it was not part of the major curriculum. However, one of the heads of department said that the school was trying to introduce more components in its programmes and that a new course outline was being submitted to the executive board of the institution for approval:

“We realised that there were some weaknesses in the programme, we have included bereavement and religious counselling and some sex issues. We want also to introduce as many programmes as possible so that we can get funds for the institution. We have already submitted it to the executive board, so if it is passed we are planning for January, 1999.”

Both heads of department pointed out the need for counselling units in secondary schools.

For example, one said:

“One of the things that we would really like to see the Ministry of Education do is to have a school counselling unit in schools...we need the teachers who care about their students but we also need professionals who have the kind of training needed to deal with such students. I believe that the schools should be the first focus of attention in

helping students”

Summary

- There was no effective training given to secondary school teachers to deal with bereaved students in secondary schools.
- There was a need for counselling units in schools.

5.2.3 Interview with Education officer

The aim of the interview was to investigate what the Ministry of Education was doing for the AIDS orphans in school. I was then asked to talk to the education officer in charge of Kampala area.

He pointed out that it was difficult to monitor assistance given to orphans generally because this was done directly between the recipients and the donors. He further pointed out that, there was capitation grant given to all students hence, nothing was specifically geared towards orphans or AIDS orphans in particular.

He said that under the decentralisation system of government, it was now left to the local government at the district level to decide how much funding they can give to schools.

He maintained that he was aware of the strain that schools were facing due to the orphan problem in schools but that government could not do much because of the financial implications involved.

He pointed out the need for counselling units in the school but once again stressed the financial difficulty. He said:

“We used to have a strong counselling unit in the schools but in time of turmoil it broke down.... You see, government can't afford to pay large number of teachers. They try to limit the numbers. So this is another factor when it comes to getting counsellors in schools.”

Summary

- There was no psychological or material assistance from the Ministry of Education for AIDS orphans.
- Financial constraints were one of the factors that hindered assistance to the orphans.

CHAPTER SIX:

DISCUSSIONS OF INTERVIEW FINDINGS.

6.1 Communication of bereavement

The main mode of receiving information of the death of parents by the headteachers of both residential schools and the day school, was through the relatives of the bereaved student when they came to collect the student for the funeral. Since the relative needed to collect the student especially if the student was at school, headteachers had to be informed. The headteacher (or an administrator in charge) was the only authority who could give permission to the student to be released from school. The headteachers then passed on this information to the rest of the school. They maintained that because they did not wish to cause disruption in the school it was difficult to break the news directly to the bereaved student, so they left this to the relatives. However, according to the bereaved students the relatives did not do this. All the students maintained that, though no one directly informed them of the death of their parents, nevertheless, they rightly guessed it was so because they had left their parent very ill. This lack of communication to the bereaved student may be attributed to the fact that death is a difficult and emotional subject that many prefer to avoid.

Interview findings indicate that most of the teachers in the day school received information of parents' death verbally mainly through bereaved students who were facing school fees problems. On the other hand, teachers in residential schools reported that the main mode of receiving information about the death of a parent was through the school administration. This difference could be attributed to the fact that, in the day school, the concerned students would normally stay at home if the parent

was seriously ill that day or had been the day before. Hence, the numbers that would come to the headteacher's attention and therefore the attention of the teachers were few. It was only when the students reported back to school, and sometimes only in cases where they were facing school fees problems, that they brought the information to the teachers attention. Findings from the questionnaires in the same vein revealed that in all the schools the staff room was another avenue of information. Other avenues of information were, information on the staff notice board, through friends of the bereaved and also through the bereaved students. Teachers across all the schools maintained that the information of the death of a parent did not always come to their attention for one reason or another. For example, if the teacher was absent that day or did not read the information on the notice board.

However, apart from the above-mentioned avenues of information the school counsellor also got information about the orphans from their written statements at the beginning of the term.

6.2 Perceptions of the problem of HIV/AIDS orphans in schools

All the headteachers and the teachers in the different schools and the counsellor concurred that there was a large number of orphans in the schools. Although the headteachers agreed that the main cause of death was due to HIV/AIDS, the teachers and the counsellor on the other hand indicated that it was difficult to differentiate between AIDS orphans and other kinds of orphans because the information on the cause of death was not provided. All the students maintained that they were aware that some of their peers had lost parent/s, however the cause of death was not discussed.

6.3 Stigma attached to HIV/AIDS

All the headteachers, the majority of the teachers in the different schools and the counsellor maintained that there was still a stigma attached to HIV/AIDS, and that this was a factor that hindered the identification of AIDS orphans in the school. The AIDS orphans also voiced this when they told the counsellor that they did not wish to discuss the topic in class because their peers would laugh at them. The bereaved students indirectly exhibited it in that even when they mentioned a number of symptoms that related to HIV/AIDS only three out of the twenty-five students directly mentioned that the death of their parents was HIV/AIDS related. Two of these were in the day school and one was in a residential school. As mentioned earlier, although the non-government organisations were mainly assisting primary school children, they pointed out that even in such cases no categorisation were made between the AIDS orphans, and other kinds of orphans due to the stigma attached to the disease.

6.4 Identification of AIDS orphans in schools

All the headteachers and the majority of the teachers in the different schools and the counsellor cited cultural connotations attached to the term orphan and the stigma attached to HIV/AIDS as factors that inhibited the identification of AIDS orphans in the schools. However, cultural connotations attached to the term 'orphan' did not seem to greatly affect the bereaved students because the great majority of the students were willing to take part in the study even when they were informed that their selection was due to their orphan status. Interestingly, in school D students showed a keen interest to participate. Maybe they had expectations of financial help. This would be quite natural as this sort of situation is well known in Uganda. Many times I had to clarify that this was not the case. In school B, three of the teachers attributed the

difficulty in identification of AIDS orphans to the fact that most of the students in that school were of low socio-economic status hence orphan status, was not a major issue.

6.5 Effects of bereavement on AIDS orphans

Bereaved students were seen to be affected by, or react differently to bereavement.

All the headteachers, teachers, the counsellor and students cited some or all of the following effects of bereavement: moodiness, depression and becoming reserved.

Some of the bereaved students sometimes isolated themselves from others, were often sick, lacked interest in academic work and were inactive and lacked concentration in class, and they dodged classes, which led to a decline in academic work. They had angry outbursts though fighting was more common amongst boys. They sometimes became unruly and undisciplined. Academic work was not always negatively affected - to the contrary it sometimes improved. This was attributed to the fact that the student immersed themselves fully in their work in order to “forget” about their plight or that they envisaged education as their only “saviour”.

However, the headteachers and the teachers of the different schools pointed out that these effects sometimes went unnoticed. This might be due to the fact that generally, students and teachers did not maintain a personal relationship or that the students put on a "brave face". These effects seemed to go unnoticed particularly in the day school where classes were exceptionally large and students were not highly monitored as in the residential schools.

6.6 Attitudes towards AIDS orphans

Headteachers and teachers of the different schools portrayed a positive attitude towards the plight of orphans in general and AIDS orphans in particular. They sometimes offered moral and material help. Some of the headteachers maintained that

generally, there was a positive attitude towards orphans, and many individuals including parents of the school were always willing to help whenever they could. However, economic and time constraints, coupled with the large number of orphans, were major hindrances to the amount of help extended to the orphans. All the representatives of the non-government organisations portrayed a positive attitude towards the plight of the AIDS orphans, but, financial and moral implications, coupled with policy changes, limited help to secondary school orphans.

6.7 Problems faced by AIDS orphans

The headteachers, the counsellor and the teachers cited financial and psychological problems. They maintained that financial problems included school fees problems, scholastic materials and pocket money. They pointed out that orphan status in itself was not a determinant of financial difficulty, but rather, socio-economic status was one of the factors that determined the extent of financial difficulty. This was evident in two of the prestigious schools. For example, one of the students pointed out that school fees was not a problem because his parents left property that was used to meet school fees.

Psychological problems included feelings of rejection, isolation, family wrangles and loneliness. In all the residential schools, Visitation Days triggered psychological problems, especially to those bereaved students who received no relatives. Headteachers, teachers, the counsellor and the bereaved students in residential schools cited this. Day schools did not have Visitation Days. The headteachers and the teachers in the different schools maintained that a number of factors made it sometimes difficult to identify orphans' problems. These included the unwillingness of the students to confide in the administration or the teachers and/or lack of organised counselling units in the schools. Even in those schools that had counselling

units neither the teachers nor the students used them effectively. Another factor that complicated the identification of the problems faced by orphans was the large number of students compared to the availability of counsellors. This corroborated the bereaved students' accounts in that they did not have trust in the confidentiality of teachers or administrators, or, where present, counsellors. The majority of the students felt that no one was there for them nor could anyone help. There was anecdotal evidence from the interview with the counsellor and the AIDS orphans to suggest students might be helped to resolve conflicts and problems when the counselling unit is used.

There was also anecdotal evidence to support the fact that bereaved students in residential schools dropped out of school due to financial difficulties. The majority of the headteachers and the teachers of the residential schools pointed out that it was difficult to determine whether such a student had dropped out of school or had changed to a day school, which was financially less burdensome. They also maintained that students were given more time to pay arrears of fees and that these could be paid in instalments so this facilitated their stay in school.

The majority of the teachers in the day school too, pointed out that a number of orphans dropped out of school. These teachers were class teachers responsible for the collection of school fees. They said out that after accumulating large school fees arrears, some of the students stopped coming to school. This poses a question of whether such students had actually dropped out of school or simply changed to another school in order to "dodge" the huge debt.

6.8 Factors that influenced coping

Headteachers, teachers, the counsellor and students in the different schools mentioned some or all the following factors: availability of family support and social networks

which facilitated adjustment to the loss and made coping easier, and availability of material support and socio-economic status of the family. For example, as earlier cited, some of the students did not face school fees problems because they used money generated from their inheritance to pay for it. Others factors included time since the death, relationship with the deceased, faith in God and students keeping themselves occupied.

6.9 Help available to AIDS orphans in schools

Four of the headteachers pointed out that they offered school fees and material support to needy and academically bright students. However, the numbers were limited to not more than three at a time because the school did not have funds to do more. School C, maintained that, though it would have wished to help, funds did not permit this. However, the school was paying fees for one of the students who had lost a mother; a teacher at the school. It could be deduced that in this case it was not a policy but was being done on humanitarian grounds. This is further confirmed by the fact that none of the students interviewed in these schools had their school fees paid by the school. Teachers in the different schools consoled and advised bereaved students whenever they could on an individual basis. They provided material help in form of school fees to needy orphans whenever they could.

Although only two schools had intervened to raise funds to help pay school fees and the upkeep of the orphans, the majority of them had a positive attitude towards helping orphans to do this. All the headteachers acknowledged that the school could not pay school fees for the all orphans nor waive part of it because of the large numbers of orphans and lack of time and resources. The counsellor and all teachers in the different schools also acknowledged this. However, a great majority concurred that schools should intervene and solicit for funds on behalf of the orphans because

they were in a better position to do so. Others were pessimistic about the schools' ability to do so given the numbers of orphans and the time and resources at the schools' disposal. In school B where a large majority of the students were of low socio-economic status, and faced more or less the same problems, some of the teachers felt that there was no justification for the school to assist one set of students and leave out the rest. On the other hand the majority of bereaved students from the different schools wanted financial support from the schools.

Both lecturers in the teacher training institutions pointed out the need for trained counsellors in secondary schools. They indicated out that secondary school teachers were not given skills on how to deal with orphaned children. Rather it can be ascertained that the teachers used skills on how to deal with different children learnt from guidance and counselling generally. Employment of counsellors in the school was perceived as the duty of The Ministry of Education. The Education officer pointed out that before the outbreak of war in Uganda, schools had strong counselling units. Although he acknowledged that it was an important aspect in the school, it had not been restored due to financial constraints. He also confirmed that there was no psychological or material help extended to AIDS orphans in secondary schools by the Ministry. However he criticised non-governmental organisations and parent teacher associations for duplicating the efforts of the government rather than providing other services that were not in the school and were not provided by the government. Three of the schools did not have counsellors. In school A, the headteacher used school funds to employ one counsellor, while in school B, one teacher was used as a part time counsellor. However, even in these two schools, some bereaved students said out that they did not feel free to seek help from the counselling unit and some were

not even aware of it. Nevertheless, where students were willing to use the services of the counsellor, they were helped to resolve some conflicts that they faced.

It may be assumed that with the presence of so many NGO's help would be extended to a large number of orphans. On the contrary none of the students interviewed was being funded by any NGO. Some of the headteachers mentioned a number of NGO's that had been helping but had stopped doing so. However the headteachers said that some orphan students are sometimes helped by religious organisations but this was done on an individual basis and therefore it may not come to the school's attention. The four NGO's representatives pointed out that there were no specific programmes for AIDS orphans or orphans in general in secondary schools. They dealt mainly with primary school children and mainly focused on rural areas. If help was extended to secondary school orphans it was in exceptional cases. As mentioned in the previous chapter they attributed this to policy changes and financial and moral implications. Despite the limited help, both financial and psychological, all the students interviewed in the residential schools concurred that they were happy to come back to school as soon as the funeral rites were over. They perceived the school as a "sanctuary" where they could "forget" about their loss and follow the usual "continuity" in the school. What was interesting was that the bereaved students perceived peers and friends as very helpful and instrumental during and after bereavement. They said that they felt that they could rely more on their friends and peers than the teachers and administrators. This was also confirmed by some of the teachers and the headteachers. This was evident too, in school D where the students themselves had set up a trust fund to help needy students.

Summary

Although the headteachers and teachers were aware that there were a number of orphans in the schools, there were no means through which they could verify the presence of AIDS orphans. However, the headteachers' and teachers' observations of the sick parent over a period of time and also the accounts from the bereaved students about the history of their parents' illness and death supported the fact that there were AIDS orphans in the school. As mentioned earlier, only three of the twenty-five students mentioned that the death of their parents was HIV/AIDS related. Most students never mentioned this to the teachers. Rarely if at all do they seek help from persons within the school apart from their peers. A number of effects of bereavement were reported, including psychological and academic effects. It can be concluded that there is still a stigma attached to HIV/AIDS. This not only affects the identification of the AIDS orphans, but also identification of their problems, provision of help and services to the bereaved students by significant others, and this is a limitation on the provision of skills on how to cope with bereavement. It is highly evident too, that school and outside intervention in the form of material and psychological help was minimal if any at all.

The next chapter presents the analysis and data findings from questionnaires.

CHAPTER SEVEN

ANALYSIS AND DATA FINDINGS FROM QUESTIONNAIRES ACROSS SCHOOLS

This chapter presents the findings of questionnaires across the five schools. Actual numbers are used in order to give a precise picture bearing in mind that the numbers of questionnaires returned differ between the schools. Themes were generated using the research questions, questions from the questionnaires, related literature and the analysis and findings from the interviews. The themes are used to pull together some of the questions and data findings of the questionnaires across the different schools. The themes which emerged are connected with the way in which the bereavement was communicated; identification of AIDS orphans in schools; perception of the problem of AIDS orphans in schools; the stigma attached to AIDS orphans in schools; effects of bereavement on AIDS orphans in schools; raising funds for orphans and the schools' intervention to help, who else can help and how can they help; attitudes towards AIDS orphans and gender and bereavement. The chapter is divided into three sections. Section A looks at the findings from headteachers' questionnaires, section B looks at teachers questionnaires and section C looks at questionnaires of students.

7.1 Headteachers questionnaires

In this section findings from headteachers questionnaires are presented. The questionnaires had both structured and open-ended questions. The numbers and percentages of responses to each question are tabulated. Open-ended questions were analysed and used to elaborate and explain some of the responses on the structured questions.

Table 7.1a shows the demographic features of the headteachers to whom questionnaires were distributed.

1	Gender	Number
	Male	4
	Female	1
2	Age (years)	
	25-30	0
	31-40	3
	41-and more	2
3	Years spent in the school	
	1-2	1
	3-5	0
	6-10	2
	11 and more	2

Table 7.1a Demographic features of headteachers

Questionnaires were distributed to headteachers in five different schools. All of them were returned. The majority were male (4) with one female headteacher. Most of the headteachers were in the age range of 31-40 years (3). 2 of them were 41 years or more. Most of the headteachers had spent more than 5 years in the school. Only one of them had spent less than 3 years in the school.

Table 7.1b shows the headteachers estimates of the number of students in the schools, and whether these schools had AIDS orphans.

1	Please give a close estimation of the student population at your school	Number
	500-1000	4
	1100-1600	1
2	In the last two years, have any children in your school been bereaved? In this context bereavement means losing by death parents due to HIV/AIDS.	
	Yes	5
	No	0
	I do not know	0

Table 7.1b Headteachers’ estimates of student population in schools and identification of AIDS orphans

Four of the schools had a population of 500-1000 students while one had a student population of 1100-1600. All the headteachers concurred that the school had AIDS orphans.

7.1.2 Communication of bereavement

Table 7.1.2 shows the avenues through which the headteachers were informed of the bereavement.

3	How did you hear about the death of the parent?	Yes	No
	Through the guardian of the bereaved student	5	0
	Through a teacher	5	0
	Through the friends of the bereaved student	5	0

Table 7.1.2 Headteachers avenues of communication of bereavement

The guardians of the bereaved students, the teachers and friends of the bereaved students informed the headteachers about the death of parent/s.

7.1.3 Help offered to AIDS orphans in schools

Table 7.1.3 below shows the headteachers’ views on the schools' capability to deal with AIDS orphans.

		Yes	No
4	Do any programs exist in the school to help children orphaned through HIV/AIDS?	3	2
5	Do you feel that the school is competent to deal with such students	2	3
6	Are there any issues that have been raised by your teachers about such students?	4	1

Table 7.1.3 Headteachers perceptions of the schools ability to help AIDS orphans

Three of the headteachers mentioned that there were programmes in the school to help students bereaved through AIDS. When asked to elaborate they mentioned the parent-teachers' association, non-government organisations, teachers and the counselling unit in cases where there was one. Two of the headteachers acknowledged that the schools did not have any programmes to help AIDS orphans. However, one of the headteachers mentioned that the school used sex education classes and personal tutors to talk to these students.

Asked whether they felt that their schools were competent to help AIDS orphans, Three of the headteachers replied negatively. They attributed this to lack of resources and the huge number of

AIDS orphans. However two of the headteachers said that the school was competent to deal with such children because their schools cared and that the fellowship meetings provided spiritual hope to the bereaved students.

Four of the headteachers mentioned that anxieties raised by teachers concerned how to handle bereaved students. Four of the headteachers raised the question of how to best help these students. They pointed out that students were reserved and hence it was difficult to get to their problems and help them, that the students did not tend to confide in teachers, and that the bereaved students lacked someone to confide in.

7.1.4 Attitudes towards AIDS orphans

The table below (7.1.4) shows headteachers attitudes towards the problem of AIDS orphans in schools. The majority of the headteachers felt that it was part of the teachers role to help AIDS orphans at school; they agreed that bereaved students need help at school and that teachers should play a role in helping AIDS orphans. Most of the headteachers felt that schools should help bereaved students and the majority of them felt that teachers needed training in how to deal with such students.

The majority of the headteachers felt free to discuss and handle subject of the death of parents due to AIDS with the bereaved student and all them felt free to discuss and handle subject of the death of parents due to AIDS with teachers and with the guardians of the bereaved student.

		Agree	Disagree
7	Teachers should play a role in helping AIDS orphans.	4	1
8	AIDS orphans need help at school.	4	1
9	Schools should do something to help AIDS orphans	4	1
10	Teachers need training in how to deal with AIDS orphans	3	2
11	I would feel free to discuss and handle the death of parents due to HIV/AIDS with the bereaved student.	4	1
12	I would feel free to discuss and handle the death of parents due to HIV/AIDS with teachers.	5	0
13	I would feel free to discuss and handle the death of parents due to HIV/AIDS with the guardians of the child.	5 100%	0

Table 7.1.4 Headteachers’ attitudes AIDS orphans

7.1.5 Other issues raised by headteachers

All the headteachers mentioned that it would desirable for the schools to set up and strengthen guidance and counselling in the school. One further mentioned that it would be desirable to help with school fees while another said that it would be desirable for the school to establish an orphan' scheme to generate scholarships and funds to help orphans. Some of the headteachers mentioned that feasible ways in which the school could help included: involving the students in

projects, organising group counselling, provide material help and organising visits from people with similar experiences to come to talk to the students.

Asked who else can help these children four of them cited non-governmental organisations, three cited the government and two cited religious leaders, parents in the school, media, relatives and fellow students. They pointed out these could provide basic needs (5), school fees (5), counselling (5), financial (3) and spiritual support (2) for the bereaved student.

When asked to make any other comments two headteachers did not make any, while the other three had this to say:

“These students should be made to realise that they need to work hard and that their situation had now changed”

“This issue of AIDS orphans in schools need to be addressed seriously in school because the numbers are big and is [are] still growing.”

“Although the public has discussed about AIDS, but still there is stigma about the disease so many people do not want to be identified.”

Summary

- All the headteachers were aware of the presence of AIDS orphans in their schools.
- Communication of the death of parents was sometimes through the guardians, friends and teachers of the bereaved student.
- The majority of the teachers mentioned the parent-teachers' association, teachers, counselling units in those schools which had one and personal tutors as sources connected with

the schools who could help AIDS orphans.

- The headteachers pointed out that lack of resources and huge numbers of AIDS orphans affected the schools' competence to help such students.
- Both the teachers and the headteachers felt concerned about the issue of how best to help AIDS orphans.
- The overwhelming majority of the headteachers pointed out that these students were reserved, did not confide in anyone and hence it was difficult to know the problems they faced.
- The majority of the headteachers portrayed a positive attitude towards AIDS orphans and the problem of AIDS orphans in schools.
- The majority of the headteachers concurred that teachers need training on how to deal with such students.
- The majority of the headteachers said that they felt free to discuss and handle the death of parents due to HIV/AIDS with teachers, guardians and also the bereaved student.
- All the headteachers agreed that it would be desirable to set up and strengthen guidance and counselling in schools.
- They felt that this was feasible by organising group counselling and organising visits from person with similar experiences.

- One headteacher said that it would be desirable for the school to help with fees while another mentioned that school could solicit for funds on behalf of such students.
- The headteachers pointed out that government, non-governmental organisations, parents of the school; media, relatives and fellow students could help by providing counselling, material and moral support.
- Others issues raised by some of the headteachers was the stigma attached to HIV/AIDS, the need for the problem of AIDS orphans in schools to be seriously addressed and the need to counsel AIDS orphans in order for them to adjust to their situation.

7.2 Teachers questionnaires

Background information

As already mentioned in the methodology chapter, twelve questionnaires were distributed to teachers in each school. However, out of a total of 60 questionnaires, 56 were returned (Appendix 2). 27 of the respondents were male and 29 female (Appendix 1). The majority of the teachers were aged 31-40 years (29), 17 were more than 40 and 10 were 25-30 years old (Appendix 4). Most of the teachers had spent 6 to 10 years in the school, 16 had spent 3-5 years, 12 had spent more than 10 years while only six had spent 1-2 years (Appendix 5).

7.2.1 Communication of bereavement

Question 7, sought to investigate the ways in which information about the death of parents was communicated to the school community. Table 7.2.1 below shows the avenues through which teachers heard about the bereavement.

It was revealed that in all the residential schools, the teachers’ most common avenues of information about the bereavement were, in the staff room, through friends of the bereaved, and through the headteachers. In school B, which is a day school, communication about the death of parents to the teachers was mainly in the staff room and through the bereaved students. This was followed by information from friends of the bereaved and through guardians of the bereaved. A higher percentage of bereaved students in day schools informed their teachers about the loss of their parents than in residential schools. This may be attributed to the fact that in the day schools

teachers were responsible for the collection of fees. Hence, needy orphaned students were more likely to inform their teachers that they had lost parents if they were not able to pay the fees.

Avenue	Schools				
	C	D	E	A	B
Staff room	100%	100%	100%	90%	83%
	11	12	10	10	10
Friends	82%	92%	100%	100%	75%
	9	11	10	11	9
Headteacher	100%	92%	90%	73%	67%
	11	11	9	8	8
Bereaved	27%	42%	30%	54%	67%
	3	5	3	6	8
Guardians	64%	50%	30%	64%	75%
	7	6	3	7	9

Table 7.2.1 Teachers’ avenues of information about the bereavement.

7.2.2 Identification of AIDS orphans in schools

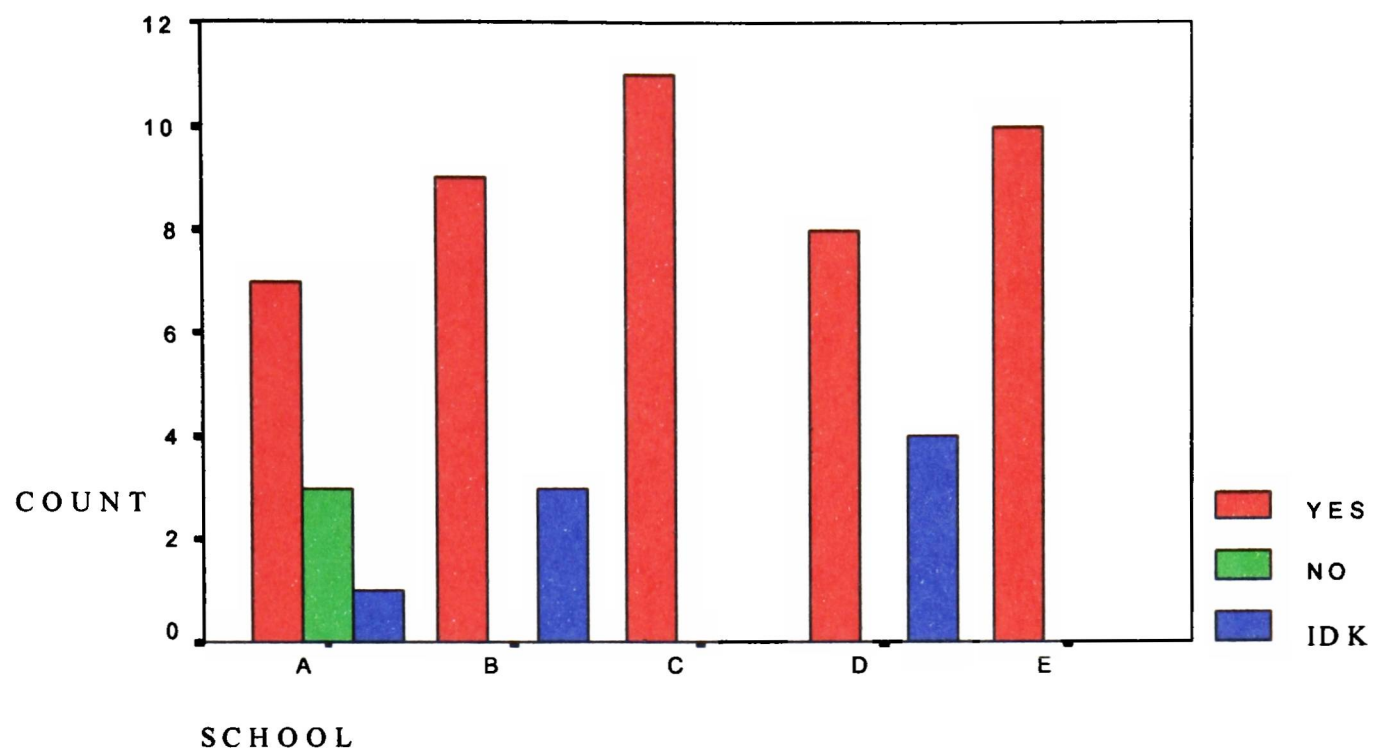


Figure 7.2.2 Identification of AIDS orphans in schools

Teachers were also asked whether any students in their school had been bereaved through HIV/AIDS in the last three years. Generally an overwhelming majority of the teachers in all the schools and all the headteachers were aware that there were students in their schools who were orphaned through AIDS. In schools C and E all the teachers said that they were aware of AIDS orphans in their classes. However, in schools A, B and D some teachers could not identify AIDS orphans. For example, in school D none of the teachers indicated that any student in their classes had lost a parent through AIDS in the last three years, rather, they said that they did not know whether any student had been bereaved through AIDS in the last three years. This was also true for school B while in school A, only one teacher did not know whether there were any AIDS

orphans and three of them said that none of the students had been bereaved through HIV/ AIDS. It is puzzling to note that despite high estimated rates of AIDS related deaths, coupled with the media coverage on the impact of HIV/AIDS on children, some teachers were not aware students losing parents within a span of three years. What is even more perplexing is that the teachers, as discussed below, put estimates of the numbers of such students in their classes.

This raises a question of whether these teachers felt uncomfortable in identifying such students because of the stigma attached to HIV/AIDS.

7.2.3 Perception of the problem of AIDS orphans in schools

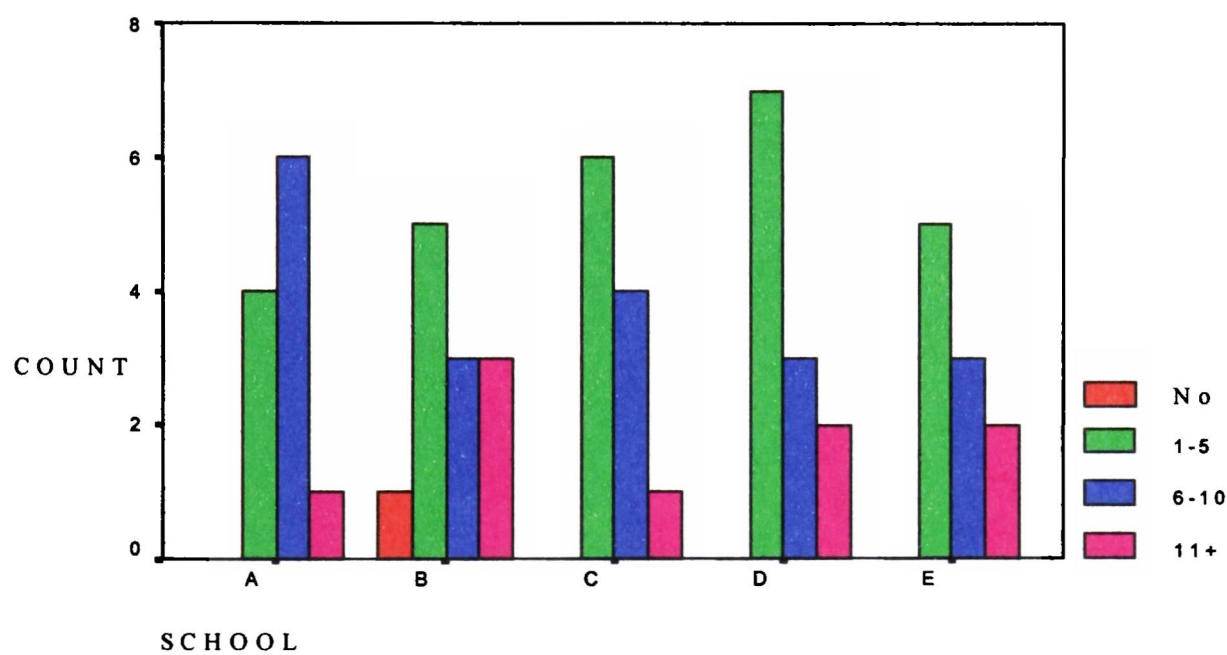


Figure 7.2.3 Teachers’ perception of the problem of AIDS orphans in schools

The figure above shows teachers estimates of AIDS orphans in their class. The teachers were further asked to give estimates of such students in their classes. With the exception of school A,

at least more than half of the teachers in the schools put the number of AIDS orphans in their classes as 1 and 5. More than a-third said 6-10 and the rest said more than 10. What was interesting was that in schools A, B, and D some of the teachers indicated that they did not know that any such students were in their classes but still gave estimates of their numbers.

7.2.4 Stigma attached to AIDS orphans in schools

It is interesting to note that although some of the teachers in school A and D were not aware of AIDS orphans in their classes, they still estimated the numbers of AIDS orphans. The issue raised here is whether the teachers felt uncomfortable in admitting it, bearing in mind that there is a stigma attached to HIV/AIDS or whether they put estimates of the students who were bereaved through AIDS in that year. However, in answering question 13 the majority of the teachers indicated that they would feel free to discuss and handle the death of a parent with students bereaved through HIV/AIDS. Nevertheless, when asked for any further comments, the stigma attached to the disease was raised as an issue of concern by some of the teachers in school D and also by some of the headteachers.

7.2.5 Effects of bereavement on AIDS orphans in schools

Figures 7.2.5.1 and 7.2.5.2 below show teachers' perceptions of the changes in bereaved students.

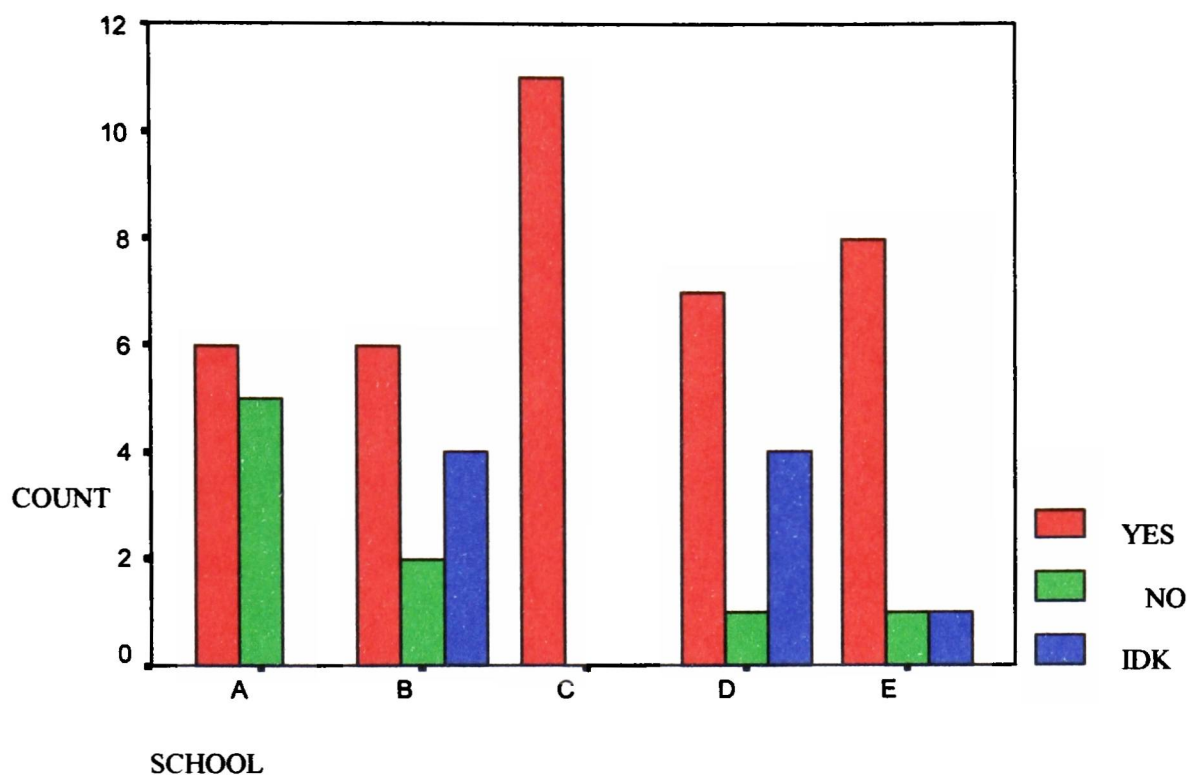


Figure 7.2.5.1 Teachers’ perception of the psychological effects in bereaved students

Teachers were asked whether they had noticed any psychological or physical changes in the students after bereavement (questions 3 & 4). In school C, all the teachers pointed out that students faced psychological problems after the loss of their parents, while in school B, D and E the majority of the teachers said that the bereaved students faced psychological problems. In school A 6 of them said yes and 5 answered no the question of whether they had noticed psychological changes in the bereaved students.

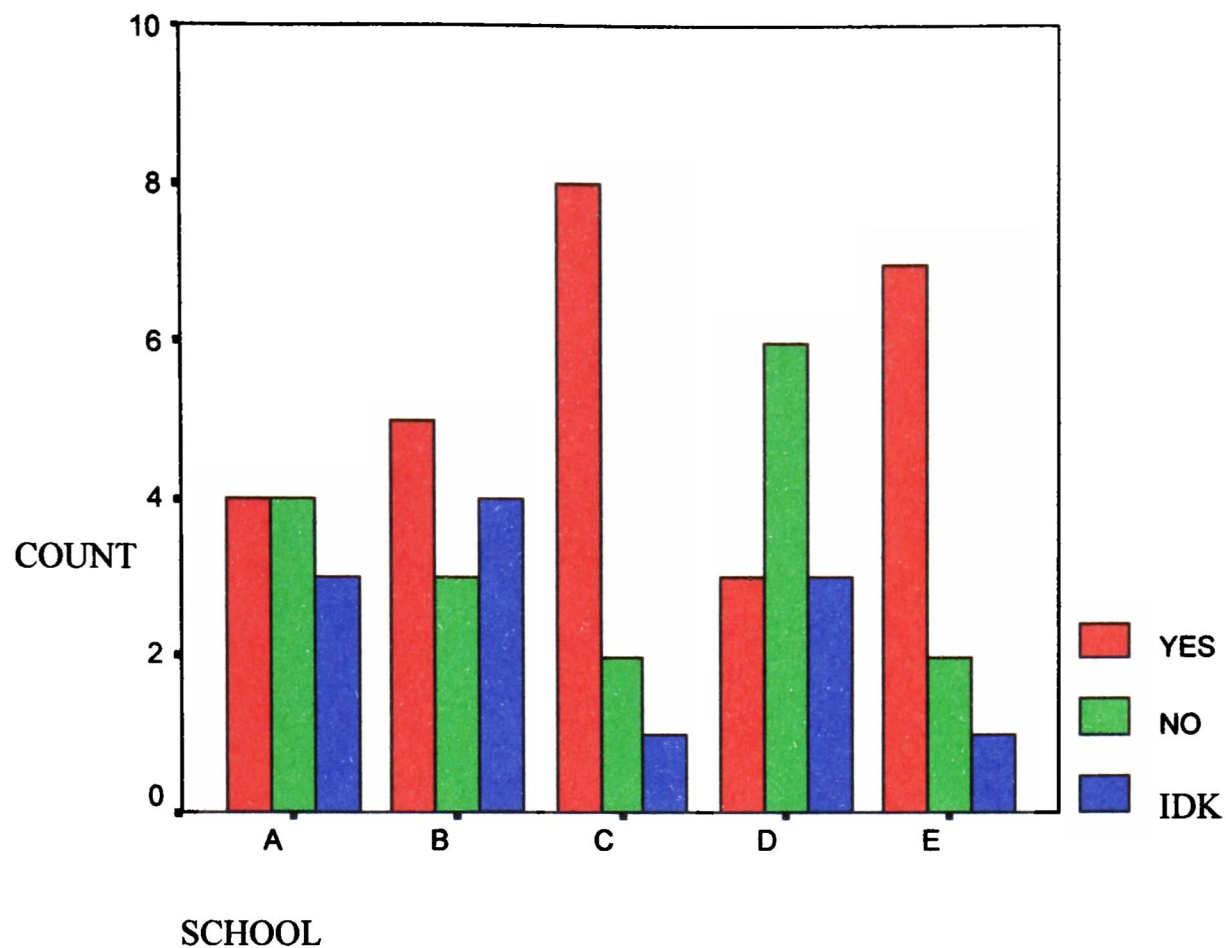


Figure 7.2.5.2 Teachers’ perception of the physical changes in bereaved students

The majority of the teachers' responses, except those in school C and E, indicated that teachers did not usually notice physical changes in students due to bereavement. Those teachers who answered to in affirmative listed some or all of the following effects: weight loss, loss of confidence, interest and concentration in extra curricular activities and their academic work, academic decline, absent-mindedness, unruliness and sometimes dropping out of school. They became reserved and isolated themselves from others.

7.2.6 Help available to AIDS orphans in schools

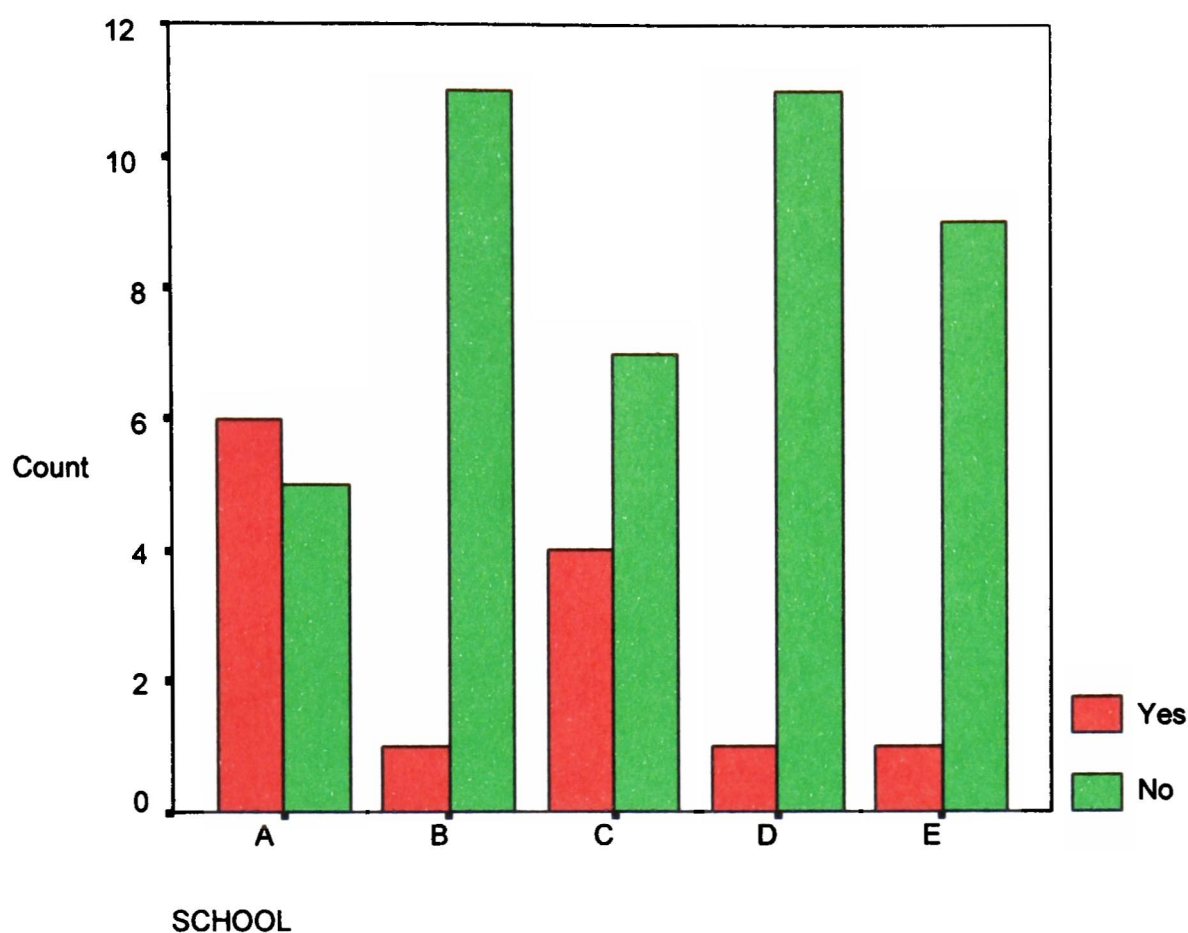


Figure 7.2.6.1 Teachers’ perception of programmes available in the school to help AIDS orphans

Figure 7.2.7.1 above indicates the responses to teachers' awareness of help available to AIDS orphans. Asked whether there were any programmes in the school to help AIDS orphans an overwhelming majority of the teachers and three headteachers mentioned that there were no programmes for the AIDS orphans in the schools. Those that did justified sex education classes [meant for all students], the fact that the school waived, exempted or paid fees for some orphans or that a religious or non-governmental organisation supported such students through

programmes which existed in the school to help students orphaned through AIDS. In school A three of the teachers mentioned an income-generating project funded by a non-government organisation specifically to help AIDS orphans. In questions 15 and 16, which were open-ended questions most of the teachers and one of the headteacher felt that the school could solicit for funds on behalf of the orphans in order to facilitate payment of school fees and material needs. However others felt the schools did not have the time and monies to do so.

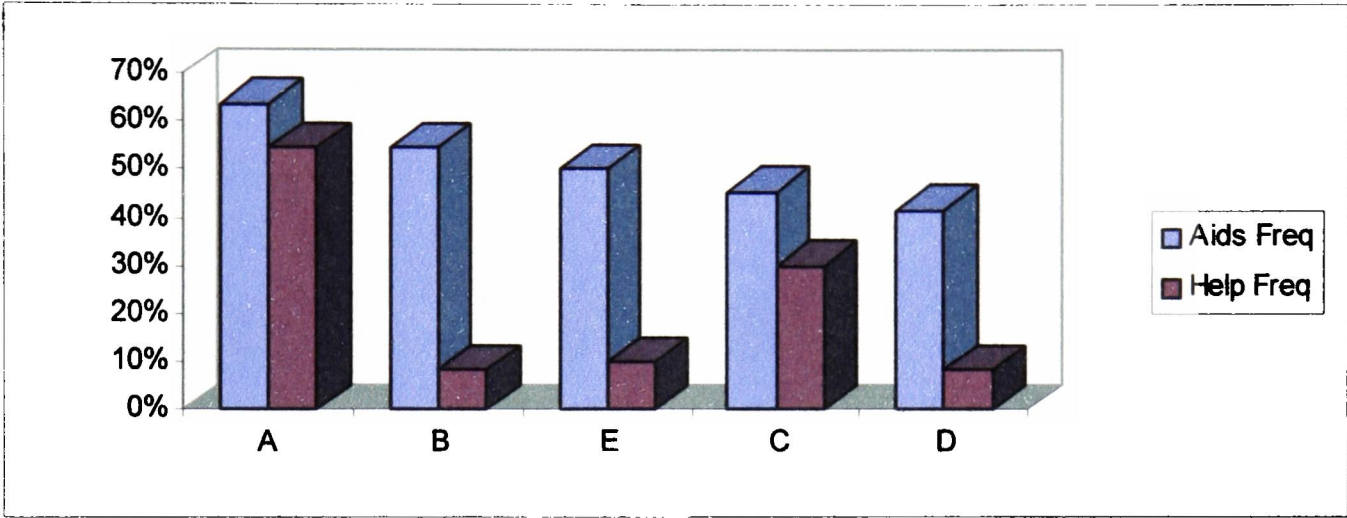


Figure 7.2.6.2 Teachers’ perception of children bereaved through AIDS and programmes available in the schools to help AIDS orphans

Figure 7.2.6.2 indicates that except for school A, where the highest frequency of students with bereavement and a higher percentage of help occurs, there does not appear to be a link between the amount of help offered and the frequency of bereaved students.

7.2.7 Teachers’ perceptions in training in bereavement counselling

The table below (7.2.7) shows the number of teachers who had training in how to deal with bereaved students and those who did not.

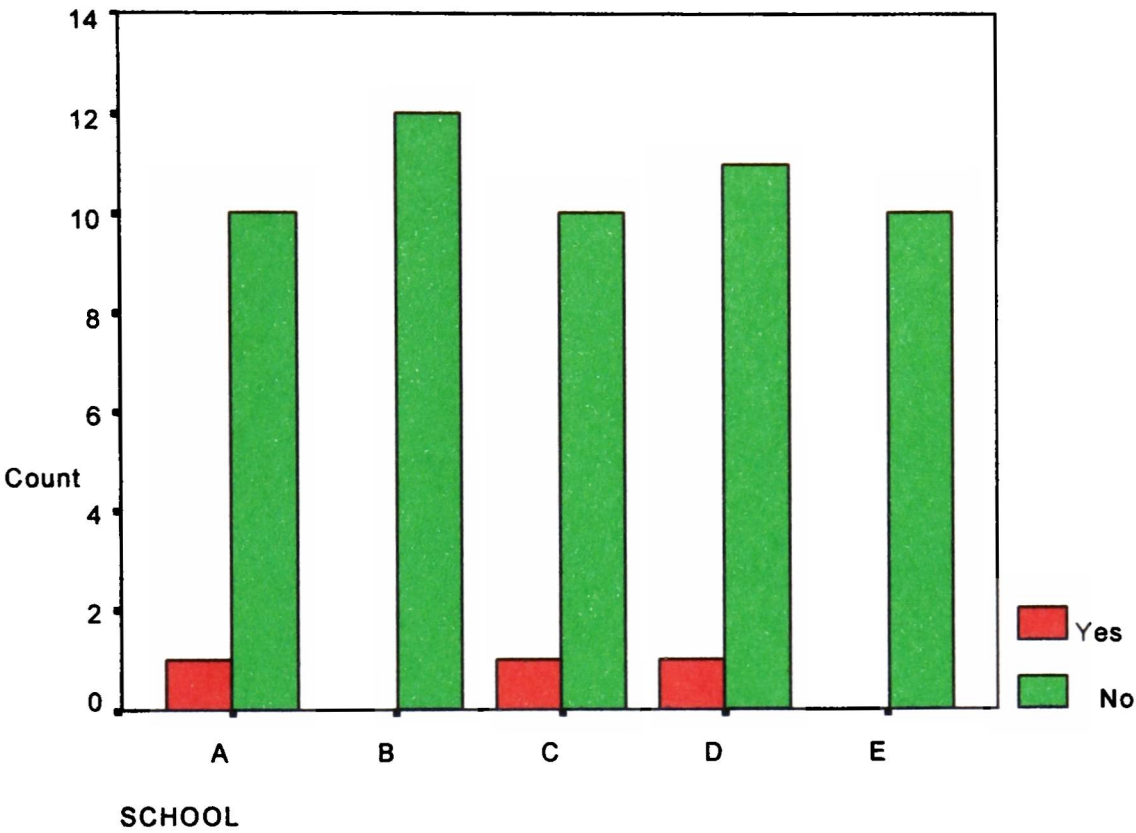


Figure 7.2.7 Teachers trained in bereavement counselling

An overwhelming majority of them had none. Teachers were further asked if they felt that this training in was necessary. In schools A and D all the teachers said that it was necessary and in school B, C and E more than 75% of the teachers felt that this training was necessary in order to equip them with the skills to help such students.

7.2.8 Other channels of help for AIDS- bereaved students

Both the headteachers and the teachers felt that some or all of the following could help AIDS orphans: non-governmental organisations, the government, religious leaders, parents in the school, the media, relatives of the student, fellow students and local communities. They could do so by providing material, moral and spiritual help.

7.2.9 Attitudes towards AIDS orphans

Responses from questions 8 -14 revealed that the teachers had positive attitudes towards the problem of AIDS orphans in school and in particular AIDS orphans. The majority of them felt that it was part of the teachers' role to help orphans, that teachers can help and that their schools should do something for these orphans. In schools A and D the teachers said they did not feel free to discuss the loss of parents through HIV/AIDS with orphans (Appendix 6).

7.2.10 Gender and bereavement

More than half of the teachers in schools C and E concurred that female students were more affected than male students by the loss of their parents. Most of the teachers in school B disagreed.

School	Female students are more affected than male students	
	Agree	Disagree
C	64%	36%
	7	4
E	60%	40%
	6	4
B	42%	58%
	5	7

Table 7.2.10 Teachers’ perception on gender and bereavement

7.3 Students’ questionnaires.

This section considers data findings from students’ questionnaires, particularly orphans. A two-way chi-square was further used to test associations between students according to school, gender, age, and orphans status. The total number of students was 400 students, 70 from school A, 100 from school B, 75 from school C, 97 from school D and 58 from school E. Orphan numbers were 12, 39, 28, 15 and 9 respectively.

7.3.1 Changes in students performance

Reasons for change	Amount of change			
	Very small change	Small change	Much change	Large change
Personal reasons	180	38	9	7
Loss of parent	3	1	1	0
School related reasons	22	1	1	0
Home related reasons	3	0	0	1
More than one reason apart from loss	2	0	0	0
No reason	23	2	0	0
Financial	51	7	3	2

Table 7.3.1 Changes and reasons for the change in the students’ performance across schools.

Questions 1, 2 and 3 aimed to determine whether there were any changes in the academic performance of students and the reasons for these changes. For example question 1 required the

students to indicate on a six-point scale whether they were at the top or bottom of the class. In the next question, they were then required to indicate where they were academically in the previous 3 and 6 months and also where they were in the previous year. In question 3 they were requested to give reasons for changes in their academic positions, if any. Table 7.3.1 shows that more children experienced changes in their performance due to personal and financial reasons.

Personal reasons included such things as, poor reading habits, girl-boy relationships, and lack of determination and low motivation. Financial reasons were mainly late payment of school fees, which led to the exclusion of the student from school until the dues were paid, lack of finances to buy text books and stationery, to pay for transport to and from school and to pay for study trips. For example student 12B said, "*I do not have enough transport. Walking long distances when coming to school so I reach late. The teacher cannot allow you in the class if you are late*" (School B, Student questionnaires, 1998).

School related reasons included types of teachers and administrators and the organisation of the timetable. For example, one student said: *The timetable was okay so I could plan my reading*" (Student 5, School E, Students questionnaires, 1998)

Home-related reasons included encouragement from parents/relatives, wanting to please or being expected to do well. For example, another non-orphaned student said: *"When I performed badly that term, my father was very annoyed with me so the next time I had to make sure that I do well"* (Student 2, School C, Student questionnaires, 1998). In some cases, students gave more than one reason but it did not include the death of a parent/s.

Table 7.3.1.1 shows reasons for changes in performance of orphans.

	Total number of orphans	Personal reasons	Financial reasons	No change	Loss of parent	School related reasons	Home related reasons	No reason
B	39	19	16	2	1	0	0	1
C	28	11	7	5	1	0	1	3
D	15	11	0	2	0	1	0	1
A	12	7	0	0	2	1	0	2
E	9	3	0	5	0	0	0	1

Table 7.3.1.1 Reasons for change in the performance of orphans in the different schools.

A higher percentage of students who gave financial reasons for changes in their performance came from school B. This was followed by schools C and A. None of the orphans in school D and E mentioned financial reasons or loss of parents as affecting their performance at school.

Out of the 103 orphans, 48 of who had lost both parents, only 4 connected the loss of a parent to changes in their academic performance. None of these were major changes. It is also interesting

to note that both orphans and non-orphans gave financial reasons for changes in their performance (See table 7.3.1.2).

School	Financial reasons %		
	Orphans	Others	Total
B	16	20	36
C	7	14	21
A	2	0	2
D	0	5	5
E	0	1	1

Table 7.3.1.2 Percentage of orphans and non-orphan who gave financial reasons for changes in their performance.

Summary

- Students (regardless of orphan status) gave mainly personal reasons for changes in academic performance.
- Loss of parents was not reported to greatly affect changes in orphans’ performance.
- With the exception of school B, financial difficulty was not reported as greatly affecting orphans performance at school

7.3.2 Achievement in school

The table below shows the factors that facilitated performance in the best year of achievement.

School	Factors that facilitated achievement during best performance %					
	Self help	Friends help	Teachers help	Administrative help	More than 1	No reason
E	89	11	0	0	0	0
D	87	0	7	7	0	0
C	82	11	0	0	0	7
B	79	13	5	0	0	3
A	75	8	0	0	17	0

Table 7.3.2.1 Factors that facilitated achievement in school.

Students were asked to state which year/s they performed their best and what factors influenced their achievement. The greater majority of the orphans in all the schools felt that their achievement in school depended largely on individual effort (self-help). In schools A, B, C, and E, they also attributed their success in school more to their friends/peers than to their teachers or the school administration. In school D, the orphans felt that their teachers and school administration influenced their achievements more than their friends/peers.

Table 7.3.2.2 below shows the factors that frustrated performance in the worst year of achievement.

School	Other reasons %	Loss %	Financial %	None %
A	100	0	0	0
E	100	0	0	0
D	73	13	0	13
B	54	26	15	5
C	64	18	0	11

Table 7.3.2.2 Factors that frustrated achievement in school.

26% of the orphans in school B, 18% in school C and 13% in school D connected the loss of a parent to their performance at school. Although students in schools A and E had lost a parent (some of whom had lost both parents), none of them reported the loss of their parents as connected to performance in their schoolwork. Only orphans from school B gave financial reasons for their performances at school (15%). More than half of the orphans in all the schools connected other reasons to their performance at school. Other reasons included poor reading habits, not being familiar with the school, taking some time to adjust and poor relationships with teachers or the administration.

Summary

- Individual efforts were believed to have had a great influence on achievement in school.
- In schools A, B.C and E, orphans’ success and achievement in school was also attributed more to their friends/peers than teachers or the school administration.

- Loss of a parent(s) was not reported as greatly affecting students' worst performance in schools A and E.
- Financial difficulty was not reported as greatly affecting orphans' performance, except in schools B and C.

7.3.3 Students’ perception of school work

Question 10 asked how interesting the students found work at school. Question 11 further required students to give reasons for this. Table 7.3.3.1 shows how interesting orphans found work at school and reasons for this.

School	Interesting	Boring	Reasons %				
	%	%	Personal	School	None	Loss	Home
B	85	15	21	77	3	0	0
A	83	17	50	42	8	0	0
D	80	20	61	21	7	0	0
C	68	32	11	86	4	0	0
E	56	44	44	0	44	11	0

Table 7.3.3.1 Orphans’ perception of how interesting work at school was and reasons for this.

More than half of the orphans in all the schools found work at school interesting. More students in schools A and D gave personal reasons for this, while in schools B and C students connected it

more to the school. None of the students in all the schools except school E connected loss of a parent/s to how interesting they found work at school.

	% 		Reasons for ease/difficulty %					
School	Easy	Difficult	Personal	School	Financial	None	Loss	Home
E	67	33	56	33	0	0	11	0
B	67	33	41	38	18	0	3	0
D	60	40	53	40	0	7	0	0
A	58	42	58	33	0	8	0	0
C	57	43	50	50	0	0	0	0

Table 7.3.3.2 Orphans' perception of ease of work at school

More than half of the orphans in all the schools found the work easy. They mentioned mainly personal efforts and school-related factors, such as good and interesting teachers and a good timetable with the ease or difficulty of their schoolwork. With the exception of school B, none of the orphans in all the schools reported financial reasons as affecting the difficulty experienced in their schoolwork. None of the students in schools A, C and D attributed the death of a parent to the difficulty they experienced in school work, while in schools E and B, 3% and 11% respectively attributed this to financial difficulties. Home factors were not reported as affecting the degree of difficulty which students found in schoolwork.

Summary

- In all the schools work at school was mainly affected by personal and school related factors.
- With the exception of school B, financial difficulty was not reported as affecting ease in work at school.
- With the exception of schools E and B, loss of parents was not reported as influencing ease in work at school.
- In school E, loss of parents was reported to influence how interesting some orphans found work at school.

7.3.4 Responsibilities at home and school work

The questionnaire also aimed to find out what responsibilities students, and in particular orphans had, and whether it affected their work at school (12-14). Table 7.3.4 summarises findings from the questionnaires.

School	Responsibilities %		Number of years these responsibilities was held %		Effects of the responsibilities on schoolwork %		
	Yes	No	More than two	More than three	+	–	None
B	95	5	51	44	8	72	15
D	93	7	73	20	13	7	73
C	82	18	54	29	14	32	36
E	78	22	78	0	22	22	33
A	42	58	25	17	25	8	8

Table 7.3.4 The effect of responsibilities on schoolwork

Analysis of the questionnaires indicated that the majority of the orphans in all the schools, except school A, had responsibilities and had been holding these responsibilities for at least three years. This ranged from taking care of siblings to paying their own school fees. School B had more orphans with responsibilities followed by schools D, C, E and A. However, more orphans in school B felt that these responsibilities adversely affected their schoolwork. School A had the lowest percentage of orphans with responsibilities and more felt positively affected by these responsibilities.

Summary

- More than half of the students in school B reported that responsibilities at home adversely affected their work at school.

7.3.5 Attendance at school.

Table 7.3.5 shows the orphans’ attendance in a week.

School	Times per week			
	5	4	3	2
A	100%	0%	0%	0%
C	96%	4%	0	0%
E	89%	0%	11%	0%
D	80%	20%	0	0%
B	87%	10%	3%	0%

Table 7.3.5 Orphans' weekly attendance

A greater majority of the orphans in all the schools attended school 5 days a week. Even in school B, which is a day school, attendance on at least 4 out of the 5 days was 97%.

Summary

- More than two thirds of the orphans attended school regularly.

7.3.6 Orphans perception of support from others

Table 7.3.6 shows orphans perception of support from others.

Degree of support	Friends in school	Adults outside the school	Teachers	Friends outside the school
1 Highest	Schools A B&C	Schools D&E		
2	Schools D&E	Schools A&B	Schools B&C	
3		Schools C	School D	Schools A B D&E
4 Lowest			Schools A&E	Schools C

Table 7.3.6 Orphans’perception of support available to them.

Table 7.3.6 above shows that in schools A, B and C, orphans felt more supported by friends inside the school while in school D and E more orphans felt supported by adults outside the school. Orphans in these two schools (schools D and E) ranked support from their friends in school second. Orphans in school A and B also ranked support from friends outside the school similarly. It is interesting to note that orphans in schools A and E ranked support from teachers lowest while orphans in school B and C ranked them 2nd. In school D orphans ranked support from teachers and friends outside the school similarly (3rd). (Appendix 8)

Summary

- Orphans in schools A, B and C felt more supported by friends in the school than by

teachers in the school

- Orphans in schools D and E felt more supported by adults outside the school than their friends in school or by their teachers.
- Orphans in schools B and C felt more supported by the teachers in their school than by friends outside the school.

7.3.7 Students' self-concept and esteem

At least $\frac{3}{4}$ (75%) of orphans in all the schools had a positive attitude towards themselves, at least 92% felt that they were clever at school, and at least 73% did not think of themselves as failures. 78% felt they were persons of worth at least on an equal plane with others, 87% felt they were liked by their teachers and more than half of them preferred to work in a group. Except in school A where more orphans felt left out of things, in the other schools more than a half of the orphans did not feel the same. Orphans were also requested to indicate whether they felt they did not have much to be proud of. At least more than half of the orphans in schools A, B, C and D felt that they did not have much to be proud of while in school E more than half of the students felt this was not so.

The next chapter unifies the findings of the study. It presents the aims of the study and the research questions, discusses the questions in the light of the findings and relates it to other research findings or the literature review. The contributions, limitations and conclusion are then presented.

CHAPTER EIGHT

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

This concluding chapter begins with a brief overview of the aims and research questions of this study. I used the concept of “at risk” due to my belief that children orphaned through AIDS face multiple and complex sources of disadvantage and difficulty which may be detrimental to their learning. They are therefore placed “at risk” of failing to reach the expected standards in school and may drop out (Demos, 1989). In presenting the discussion of the major findings from the perspectives of headteachers, teachers, lecturers from teacher training institutions, representatives of non-government organisations, one educational officer, one counsellor, and AIDS orphans I have endeavoured to describe the difficulties and disadvantages which AIDS orphans face in school. I further argue that when faced with multi-variant problems, which might lead to drop out or failing in school these children might be socially excluded. They are faced with *“loss of access to one of the most important life chances that a modern society offers [education], where those chances connect individuals to the mainstream of life in that society”* (Bentley, 1998). There is therefore a need for intervention to try and minimise or if possible eradicate these risk factors. At the end of the thesis, the contributions and limitations of the study are presented, followed by conclusions based upon the findings. Finally the chapter ends with recommendations for future practice and research.

Grollman (cited in Brown 1999: vii), commented that “No mortal has ever pierced the veil of the great mystery of death. Yet we have the inescapable responsibility to share with our children the fragments of our experience and knowledge.” This has become even more “inescapable” to those living with the AIDS pandemic, where more and more children witness the death of their loved ones. As earlier noted, the main hope of the study is to make a small contribution to the understanding of the trauma which orphans in secondary school face due to the loss of their parents through AIDS. Based on the aims of the study, the research questions investigated were as follows:

1. What problems do the orphans face due to the loss of their parents through HIV/AIDS?
2. What effect does this loss have on the students’ self-esteem and self-concept, and on their school performance?
3. What resources are available to AIDS orphans in secondary schools?
4. What factors affect their adjustment to loss of parents?
5. What are the attitudes and opinions of others towards the problem of AIDS orphans in secondary schools?
6. Are there any significant differences between the orphans and the non-orphaned students in relation to self-esteem and self-concept and performance at school?

7. What influence does gender, age and socio-economic status have on bereavement due to loss of parent/s?

In the next section of this chapter, all these research questions will be reviewed in detail based on the findings and the relevant literature.

8.1 Research question 1: What problems do the AIDS orphans face due to the loss of their parents?

Introduction

The term “at risk” is used by different people to mean different things. Hence depending on its’ focus it may target different people. For example, it may focus on social class, ethnicity or poverty, indeed there is still a search for explanatory factors that have a direct impact on learning and which can be manipulated (Evans 1995; Stodolsky & Lesser, 1967). Evans (1995), described children and youth at risk as those from disadvantaged backgrounds who fail to reach the necessary standards in school, often drop out and therefore fail to become integrated into an acceptable pattern of social responsibility, particularly with regard to work and family. They are adolescents who fail in school, and become dropouts, not because they are intellectually weak but because they are faced with problems that they are not able to deal with, such as loss of parent/s. With no programs in place to help them deal with their problems, and no one to turn to, their functioning is impaired. These children “*are in school, day after day, struggling with issues [such*

as the loss of their parent/s] that would arouse the anxiety and challenge the sanity of even the strongest adults” (Morgan 1994:4).

However this does not mean that all children faced with major problems in schools are not able to cope. Many children manage to maintain themselves and cope without failing in school. Although such children exhibit resilience and may be successful in school and in life, this does not invalidate the need to help those in jeopardy. It has been argued that each individual is born with personality characteristics and therefore has different abilities to cope with frustration.

The more problems children face, the more likely it erodes their coping and the more serious its' impact. Rutter (1980) found that if children suffer from one risk factor they were likely to experience serious consequences with the same probability as those with no risk factors. However, if there are two or three risk factors present then the chances of an unfavourable outcome increases four times. With four risk factors the chances of a negative outcome increases by ten times.

AIDS orphans face a number of problems with the loss of their parent/s that may become risk factors to their personal and academic life. I have outlined below a number of problems that AIDS orphans face that might place them at risk of failing in school.

Stigma attached to HIV/AIDS

All the headteachers, the majority of the teachers in all the schools, the lecturers in teacher training institutions, the counsellor and the education officer interviewed concurred that there is still a stigma attached to HIV/AIDS, despite extensive efforts to educate and sensitise the people about the disease. They pointed out that the disease was usually associated with promiscuous behaviour and therefore, it was shameful to admit that one had AIDS. Three of the AIDS orphans also pointed out that they felt stigmatised because their parents had died through HIV/AIDS related diseases. They said that although they had never discussed it with anyone before, they had suspected that their parents had had AIDS. One of the orphans pointed out that at the funeral “people were talking” and that she felt “bad and embarrassed” but kept quiet.

This is in line with findings from Barlow (1992) who argued that in both Western and African societies, AIDS carries a stigma connected to uncontrolled sexual behaviour and to terminal illness. This is supported by research carried out in Kampala, which found that the stigma of AIDS was felt by both the patients and their families as a result of its association with promiscuity and immoral sexual behaviour (McGrath et al, 1993). The problem of stigmatisation is also highlighted by Haber (1996), who pointed out that the problems of those affected remain hidden because they became isolated and shunned by others.

Some of the teachers were reluctant to identify AIDS orphans; for example some of them queried the rationale of segregating AIDS orphans because according to them this led to continued stigmatisation.

An inconsistency within the data, too, raises questions of whether an element of stigma was involved. For example, some of the teachers in schools A (9%) and D (33%), despite extensive education on HIV/AIDS, indicated that they were not aware of any students who had lost parents to AIDS within the past 3 years. However, they still gave estimates of the numbers AIDS orphans in their classes. This indicates that on the one hand teachers may not be able to identify these students and therefore they are not able to help them. On the other hand, teachers may be able to identify these students but are not confident enough to deal with them. This also highlights the covert nature of the stigma related to AIDS. In other words, the teacher may be aware of the way in which the student has lost a parent but does not want to discuss it with the student and therefore may not be able to help the student. The implication is that teachers need the skills to be able to identify such vulnerable children and also skills on how to deal with bereaved children.

Another interesting finding is that the results of the questionnaires indicate that the majority of the teachers in all the schools said that they would feel free to talk to the AIDS orphans about losing parents to AIDS. However, findings from the interviews suggest that this may not be the case because none of the teachers interviewed had done so. This again reinforces the fact that though teachers may be willing to help bereaved students, they may not do so because they may not feel confident and competent to deal with the bereaved student. It has been noted that the intervention of a compassionate teacher would make a crucial difference in the way bereaved children adjust to their loss. However, even the most informed and caring teacher may feel embarrassed and shy away from talking about death; they would feel anxious and uncertain of the way the child might react (Abrams, 1999).

Pryor et al (1999), in their two-factor theory of stigma suggests that considerations both instrumental (fear of AIDS as communicable and lethal) and symbolic (social meanings attached to AIDS) affect ones' attitude towards interacting with people living with AIDS (PWA's) and HIV-infected children. They also suggest that cultural and idiosyncratic experiences influence ones' views and attitudes towards the disease of HIV, which indicates that AIDS is socially constructed (Devine et al 1999). For example, unlike in the United States and indeed the western world where people are more likely to associate it with homosexuals, in Africa more people would associate it with migratory labourers and those who break social taboos (Goldin, 1994). Moreover, in Sub-Saharan Africa, transmission is mainly through unprotected hetero-sexual intercourse (Devine et al, 1999; Pryor et al, 1999; Herek & Corgan, 1995).

Findings from the interviews and the questionnaires suggest that although the respondents seemed to acknowledge that there is a symbolic AIDS stigma (Herek, 1999), they also reflected the notion that initial responses to this stigma had been adjusted to. For example, while the respondents acknowledged the stigma attached to AIDS, due to the predominantly sexual way it is transmitted, and although there was a reluctance to mention and associate the way in which the parents of some of the students had died (that is of AIDS), nevertheless, respondents portrayed a positive attitude towards the AIDS orphans' plight and generally supported the view that they need help them. It has been argued that initial relatively automatic and negative reactions to stigma can be replaced by more moderate or less negative reactions to stigmatised people given time, motivation and cognitive resources such as education (Reeder & Pryor, in press, cited in Pryor et al, 1999). This was also suggested in a study by Smith et al (1998), which found that,

given time, there were more positive reactions to a little girl with AIDS. In context of this study, this prospect highlights the notion that extensive education and sensitisation to the plight of AIDS orphans, in this case, secondary school AIDS orphans, is vital. Secondary school AIDS orphans receive very limited help from schools, non-governmental organisations and the government. This will be discussed in detail later in this chapter.

The language and terms used in education about AIDS still reflect the stigma attached to the disease. For example, it has been noted that such terms as “immoral”, “disgusting” and “dirty” are part of the AIDS stigma (Pryor et al, 1989) and that some AIDS education materials also promote stigmatisation (Croteau & Morgan, 1989). This may be reflected in songs too; in an effort to educate secondary school children about AIDS, the Government, through the Ministry of Education, commissioned a song, and made a policy that all schools should make sure that students learnt it (Appendix 10). A critical look at the song portrayed notions of the responsibility, blame and the consequences one must face if one led a reckless life style (Capitanio & Herek, 1999; Herek & Capitanio, 1999; Pryor, Reeder, & Lansua, 1999). Therefore, although it aimed at educating students about the dangers of contracting HIV/AIDS, it was also a vehicle of stigmatisation. This example gives rise to a concern that more care should be given to the way information about AIDS is given, otherwise it may itself become a vehicle of stigma.

Suffice it to note that Uganda has been commended in its effort to reduce the prevalence of HIV/AIDS. As discussed in Chapter One, the levels of stigmatisation have gone down, there is an awareness of HIV/AIDS and the rate of infection has decreased (‘The Monitor’, 6-06-01). For

example, the rate of infection has dropped by more than three-quarters from 239,000 in 1987 to 57,000 today. This has been as a result of an intensive public education campaign (Christian Aid report, 1999).

Identification of AIDS orphans.

When I first went into the schools to talk to AIDS orphans, their identification proved more difficult than I had envisaged. The schools did not have lists of orphans, let alone AIDS orphans, and students' personal files were not updated to reflect changes in their status. For example, if students had joined the school and became orphaned later, this was in the majority of the cases not indicated. Personal files were mainly used to file progress reports. In some of the schools I was advised to contact the school bursar and look at school fees defaulters as a means of identifying orphans. One teacher commented that news of the death of parents was received informally and in some cases did not come to their attention. On the same issue another teacher commented that when he was in the class, his concern was usually with academic matters and he did not personalise things; the information about the cause of a parent's death was usually from hearsay. In one embarrassing situation, a student pointed out to me was not actually an orphan while in another case a class teacher was surprised to find that the student whom I was interviewing was an orphan. In school A, there was a "heifer project" that had been donated to the school through the headteachers' efforts; it entailed the school selling the milk from the heifer in due time to raise funds for AIDS orphans. However, even in this school, it was difficult to ascertain whether the students on the list were all AIDS orphans and not needy-orphaned

students. I was not able to establish a true figure of the numbers of AIDS orphans in these schools.

Indeed the problem of identifying AIDS orphans is not peculiar to schools only; it extends to organisations and governments. There are widely disparate AIDS orphan statistics. Fiala (1998) pointed out that this was due to the different definitions of the term orphan. For example UNICEF defines an orphan as a child whose mother has died, [while] the W.H.O defines an orphan as a child who has lost both parents or only the mother. In the Ugandan enumeration study, an orphan is a child who has lost one or both parents (The care and support of children of HIV-infected parents-WHO report, May 1991).

This is in agreement with a study carried out by Haber (1996), who pointed out that AIDS orphans run a high risk of stigmatisation and therefore the approach used when identifying AIDS orphans was to include other vulnerable children alongside them, for example, other kinds of orphans and needy children.

One of the effects of stigma attached to AIDS is that it discourages both PWAs and members of their families from becoming associated with the disease. Findings from the interviews show that all the headteachers and the majority of the teachers in the different schools cited the stigma attached to the disease and the cultural connotations attached to the orphaned as inhibiting the identification of AIDS orphans. Findings from questionnaires indicated that all the headteachers and all the teachers in schools C and E were aware of the presence of AIDS orphans. However in schools A, B and D some teachers seemed reluctant to reveal that students had lost their parents

due to AIDS but nevertheless went ahead to give estimates of such students in their classes. This raises the question of whether there was an element of stigma or whether some of the teachers genuinely did not identify AIDS orphans despite extensive education about AIDS and its effects particularly the orphan problem. In the case of school B, identification of AIDS orphans, may have been complicated due to the fact that it was a day school; the students stayed at home if they lost a parent and therefore information about the death might not reach teachers. Further, it was pointed out that most of the students were of low socio-economic status and therefore there were no sharp contrasts between orphans and non-orphans, since both were needy (Chapter Six, Identification of AIDS orphans).

There was anecdotal evidence to indicate that cultural connotations attached to orphaned children also inhibited the identification of AIDS orphans. Some of the head teachers and teachers pointed out that students did not want to be identified as orphans because to do so implied that one was needy. This was more in schools known as “schools for the rich”. For example, when I informally talked to a matron in one of the schools, she pointed out that due to the so called “high status” nature of the school, students who had lost their parents did not want to be identified as needy and were not open about their problems. She further pointed that even the children of low socio-economic status maintained a façade despite facing hardships (Research dairy, 4-11-1998). I also had an encounter with one of the students who refused to be interviewed on hearing that I was talking to orphans. He said that he did not feel he could be of much assistance since his father had left “enough” property and he was “not like the other orphans” (Research dairy, 18-11-98). One needy orphaned student who would have failed to continue with his education if it had not been

for the intervention of his friends in the payment of his school fees did not admit the scale of his problem. He merely mentioned that his friends helped him cope with the loss of his parents (Research diary, 18-11-98).

However, most of the students were willing to take part in the study. The students were informed that their participation was due to their status as orphans. This did not deter most of them. I think it was the curiosity and feeling of excitement of talking to someone from England coupled with the expectation that there might be material help [because they were orphans], which further encouraged their participation in the study. However I was always careful to point out that I was a student, investigating the problems faced by orphans and that there was no promise of financial assistance.

Financial and psychological problems

All the headteachers, teachers and orphans I spoke to cited financial problems as foremost among the problems which orphans faced. This included problems with school fees, money for scholastic materials and pocket money. It is interesting to note that although they looked to government and non-government organisations for help, the education officer and representatives of the non-government organisations felt that such help would not be available, due to policy changes, the large number of orphans and the financial implications. When the AIDS epidemic broke out and left huge numbers of orphans in its wake, many organisations and agencies began to assist the government and individuals. They provided medical care, emotional support, clothing and school fees, among other things (UAC Inventory Activities, 1992 cited in Mann &

Tarantola, 1996). However, despite a widespread belief that orphans are being well served by AIDS care organisations, it has been realised that their care and support are inadequate and that AIDS orphaned children are a relatively neglected group (UNAIDS, 1999). In the same vein, findings from the interviews at four prominent organisations and with the orphans indicate that these provisions, particularly for secondary school orphans, has drastically changed. This was due to financial constraints and the change in policy. For example, one of the organisation pointed out that there were huge numbers of AIDS orphans and that it would require a huge amount of money to support these children. This is further complicated by the fact that secondary school education is more expensive than primary education. The feeling is that it would be more justifiable to support children who have no basic skills, such as primary school children, rather than spending huge sums on those who may already have some of these skills. Indeed the majority of the organisations said that their efforts were now geared towards primary school orphans. It is easier to say that help is being given to more children if it is applied in the “cheaper” primary sector and while, this is commendable, I feel that it is equally important to address the problems of secondary school AIDS orphans. Their plight is worsened if they have no support; moreover, the orphans’ responsibilities may be greater, bearing in mind that fees in secondary school are more expensive than in primary schools. With no access to higher learning, these children’s access to the ladders of social improvement is cut off and so are the paths of upward mobility, which might result in social exclusion. As earlier mentioned (Chapter One), Ugandans take education seriously and endeavour to take their children to school. They see education as a way out of poverty and traditional life-styles. In the same vein, Bentley, (1997) observed that “*knowledge*

and qualifications are the passport to regular work, personal mobility, civic participation and long-term well being”.

A number of the headteachers and teachers noted that some bereaved children stopped attending school. However, it was difficult to be sure whether orphaned students who faced financial difficulties actually dropped out of school altogether. It is not clear whether those from residential schools joined day schools, or whether those faced with huge debts in the day school joined another day school. Findings from both the interviews and questionnaires reflected that most of the teachers were aware that some bereaved students faced psychological problems. Both the teachers and the bereaved students cited loss of confidence and concentration, loss of interest in extra-curricular activities and academic work, that the students felt rejected and isolated, and that they were reserved and isolated themselves from others and were sometimes unruly. Some of them had to deal with family wrangles, especially about property left by their parents. In the residential schools, visitation days triggered some of these feelings. Such days were particularly difficult for the orphans, as it was a time when their loss was relived.

Past studies indicate that bereaved students exhibit mixed emotions, withdraw from extra-curricular activities, avoid peers and friends, exhibit shorter attention spans and low confidence, and also lose interest in school (Doka, 1995; Grollman, 1995; Corr & Balk 1996; Barnett & Blaike, 1992). In another study, it was found that children faced the problem of fees, lacked support from their extended families, had a heavy load of domestic chores and also faced difficult

relationships with their guardians (Foster et al 1997). All these place the bereaved student at risk of failing in school.

Communication problems

Headteachers or administrative staff received information about the death of parent/s from a relative who picked up the student from school. In most cases, they left the relative to inform the student about the loss.

There was evidence to show that avenues of information in residential schools were slightly different in the day school, in that the teachers in the day school heard more often about the death from the bereaved students themselves than their counterparts in residential schools did. This may be linked to the fact that in the day school the class teachers were responsible for the collection of school fees, and the orphans, especially those who could not pay their fees informed their teachers. However, in all the schools teachers also heard about the death of parents in the staff room, from friends of the bereaved, the headteachers, guardians and from the bereaved student.

Findings from the interviews with orphans indicate that none of them was told about the death of their parents by the administrative staff or their relatives. Nevertheless, when someone took them out of school they rightly guessed that it was because their parents had died. Some of the bereaved students pointed out that they had never discussed the death of their parents with anyone until then. Children, following the death of a parent/s require support to meet their

emotional needs and the opportunity to release their feelings. However, this communication might not sometimes be possible. Mayer (1995) points out that children are silenced because talking to children about death is difficult and “discussing an AIDS death is even harder”. However when children are not encouraged to talk openly about their emotions and be reassured, it causes a feeling of rejection and isolation. It has been argued that specific interventions in bereavement are necessary due to the changed social context, for example, due to the breakdown of the extended family network and broader life philosophy supports such as religion (Warren, 1989). Although family networks and religion are still available in Uganda to some extent, there seems to be a breakdown in the extended family network as it comes under pressure for many reasons and especially with the AIDS pandemic (Chapter 4: Interview findings, pg.112, UNAIDS 1999). This is reflected in the interviews with AIDS orphans some of whom were living on their own, supervised by a maid, and felt neglected and isolated from their relatives. The direct implication of this is that there might be a need to sensitise and strengthen the social networks that may be available to the bereaved student. The indirect implication of this is that there might be a need in schools for pre-death preparation to enable bereaved students to understand that what they are going through at the time of bereavement is normal and give them the skills to be able to access and use available resources. Death is part of life therefore schools should prepare and empower students for this time. This too might help build their resilience at such a trying time. Studies indicate that when pre-death education is given to children it helps them deal better with loss because it develops coping strategies that are helpful during bereavement (Casdagli & Gobey, 1995).

Summary

HIV/AIDS still remains a highly stigmatised disease (Gaballe & Gruendel, 1998; Gaballe, 1995; Gaballe et al, 1995; Libson, 1994; Nagler et al, 1995). The stigma which the AIDS orphans faced in this study is mainly the result of the shame attached to the disease and not necessarily to the fear of contamination, which Goffman (1963), termed “courtesy stigma”. In such cases the child carries an undeserved burden for a member of the family who has contracted HIV/AIDS (Gould, 1995). The identification of AIDS orphans is complicated by the stigma attached to the disease. If AIDS orphans cannot be identified, for reasons of tact or otherwise, whether genuinely or not, they are disadvantaged because they may not get the necessary help to cope with their bereavement. The stigmatisation and identification of AIDS orphans seem to go hand in hand. Such children may not be easily identified due to the stigma attached to HIV/AIDS and if they are identified they may still feel/be stigmatised and therefore they might not take advantage of the available support.

Children in most cases are not informed of their parent/s’ HIV status, even after the death of their loved ones, but may “guess” how they died. They are forced to remain silent and keep the family secret. HIV/AIDS then becomes “*unnamed, unspoken, and often unspeakable to children who then have no name for what they know is happening to their loved ones and to themselves*” (Nagler et al, 1995:75). Such children are then disadvantaged not only because they are difficult to identify but because they are burdened with the stress brought by HIV/AIDS, yet their fear of disclosure keeps them from seeking social support that would have probably eased their grief and

strengthened their coping skills. This places them at risk of failing in school. As noted above, these children may be facing financial and psychological problems. They face multiple losses and stresses and may have unmet educational, social and health care needs; “*the cards are unreasonably stacked against them*” as Nagler et al, say (1995:75).

The intensity of the multiple problems which such children face may affect their ability to adjust to the loss and therefore impair their learning at school. When children face two or three risk factors, their chances of a favourable outcome are decreased four times and with four or more risk factors the chances of a negative outcome increases by ten times (Rutter, 1980). Therefore their resilience is impaired and they are susceptible to failing in school or dropping out. This, as earlier mentioned, might force a large proportion of children orphaned by AIDS out of the main stream of life and lead to their social exclusion.

8.2 Research question 2: What effect does this loss have on the students’ self-esteem and self-concept and school performance?

Findings from the interviews indicated that some students felt depressed, they felt they had no one to turn to, that no one wanted them or could help them. However findings from the questionnaires indicated that self-esteem and self-concept were not greatly affected by the loss of parents. A great majority of the orphaned students had positive attitudes towards themselves. For example, 92% of them felt that they were clever at school, at least 73% did not think of themselves as failures and 78% felt that they were persons of worth (Appendix 10). This inconsistency might be due to the length of time after the bereavement. Past studies indicate that

the time which elapses since a death also affects self-esteem; the shorter the time, the lower the self-esteem and vice versa (Balmer, 1992). Unfortunately it was not possible to ascertain how long ago the parents had died, from the questionnaire data.

It can be argued that the self-esteem and self-concept measured here reflect what individuals were willing to say about themselves: what others have called self-report (Soper, 1957). One of the limitations of this study is that it relies heavily on individual accounts: it does not employ the use of observation and standardised tests nor was it possible to attain and critically analyse student tests and exam reports. Nevertheless, one has a right to be believed when reporting about one self (Allport, 1995).

Findings from the student questionnaires also indicated that 4% of the orphans in the schools connected the loss of their parent/s to changes in their academic work. None of these were from schools D and E. In school D, although they did not connect changes in their academic performance with the loss of parent/s (questions 1-3), in replying to questions 6 and 7 some of the students connected the loss to their worst performance (13%). Questions 1-3 required students to indicate the changes in their academic performance within the span of a year. The bereavement might have occurred more than a year ago, so the students did not relate the changes in performance to the loss of their parent/s. However, when asked to give reasons for their worst performance more could relate it to the loss of their parent/s. In school E, none of the orphans related the loss of parents to changes in their academic work or to their worst performance.

Findings from interviews also indicate that in some cases students' performance was reported not to have deteriorated: indeed in some cases there was improved performance. Reasons given for this include things the possibility that the students concentrated more on their academic work as a means of forgetting about the loss and some felt that hard work could lead them to a brighter future.

It was also worth noting that more than half of the orphans found schoolwork easy and interesting.

8.3 Research question 3: What resources are available to AIDS orphans in secondary schools?

Findings from both interviews and questionnaires revealed that there were only limited resources, both material and psychological, available to AIDS orphans and orphans in general in secondary schools.

Although some orphans in secondary school face financial problems, most sectors offering help, for example, government, non-government organisations, religious organisations, schools and in some cases extended families have limited resources and in most cases they stopped offering help. This was due to a number of factors such as the large number of orphans, financial constraints, ethical reasons and changes in policy. Although some schools have tried to raise funds for such needy students and to keep them in the schools for as long as possible, in the long run they cannot afford to support such children from school funds.

Most schools view the provision of counsellors as the responsibility of the government and hence most of the schools do not employ counsellors. Some schools, however, have seen the need for such expertise and have employed counsellors. However, even such schools cannot afford to employ more than one counsellor. Large numbers of students and the reluctance of students and teachers to use these facilities render them ineffective. Still, there is anecdotal evidence to show that when these facilities are used they can help students deal with their loss. For example, in school A where there is a full-time counsellor employed by the school, the few students who have used the counselling unit seem to have benefited from it. One girl who was among the few to openly accept that she had lost her parent to AIDS said that she was relieved after talking to the counsellor, and that doing so had helped her solve some of the problems and anxiety that she had faced.

The way the child approaches challenges, the child's experience within the family, and the external supports that exist for the child appear to contribute to the resilience of children facing difficult and familial and environmental circumstances (Demos, 1989, Garmezy, 1993; Luthar & Zigler, 1991; Rutter, 1993; Werner & Smith, 1989).

The strength of the concept of "at risk" is its optimism that failing at school by disadvantaged children can be prevented. I have embraced the concept of "at risk" for also for its optimistic stance that puts forward the notion that the right educational experiences can compensate for pupils' disadvantages. Schools are not in the position to prevent or reduce the conditions that create these risky situations, for example they can do nothing to stop the loss of parent/s (Demos,

1989). Although there is nothing one can do to change the fact that children have lost a parent/s, I believe that there is something that can be done to manipulate those factors that will either facilitate or frustrate their adjustment to the loss. The school is the primary environment outside the family where AIDS orphans' competence can be developed and where they can find support when they lose parent/s.

Education systems are at crossroads. On one hand there is high demand for education, higher standards and ambitious objectives. On the other hand there is need for schools to meet challenges that emerge (Bentley, 1998). Such challenges may be the insurgence of the AIDS pandemic and the presence of AIDS orphans in schools. There is need for schools to resolve these tensions in order to encourage and foster "happy" learners. The school can act as advocates for such children and establish liaisons with AIDS organisations and other institutions that can help such children and therefore minimise the risk of such children failing in school. In other words, if there are resources in the schools, or from outside the school that bereaved students could use, this might make adjustment to the loss easier and therefore reduce the chances of such students failing at school. This is also supported by the literature, which indicates that support systems that individuals experiencing loss have around them affects how they cope with the loss (Holland, 1997).

8.4 Research question 4: What factors affected adjustment to the loss of parents?

Findings from interviews with headteachers, teachers, the counsellor and orphans indicated that some factors facilitated or frustrated adjustment to loss of parents. These included availability of family support and social networks, socio-economic status, time since the death, faith in God and keeping one-self pre-occupied (Wynne-Jones, 1985; Black, 1989; Raphael, 1994; Ankrah, 1994; Doka, 1995; Corr and Balk, 1996; Holland, 1997; Foster et al, 1997; Rees, 1997).

A boy in school E, pointed out that talking to friends with similar experiences sometimes helped him to cope with the loss of his parents (Rees, 1997). Although there is no concrete support in the professional literature to point out that support groups help in the adjustment to loss there have been reports from some people who have experienced loss that affirm that it helps (Johnson, 1995)

For example, a report from a person who had taken part in support group said: “A tremendous burden was taken from me that night as I spoke...what helped me the most in the group was being able to share over and over, my feelings and thoughts.” (Johnson, 1995)

Research shows that religion has a role in helping one to cope with bereavement (Balk et al 1995). For example, in a study with 144 bereaved high school adolescents, it was found that faith in God had helped them cope with their grief (Hogan et al 1989). However, for some that had trust in God, this might not be the case. Such people may feel a sense of betrayal and therefore have to work through their grief and also reconstruct their religious view (Balk, 1991).

As noted earlier in the literature social support is important during and after bereavement. Foster et al, (1997) found that material and moral support from the community and teachers towards the orphans helped in their adjustment to the loss of parents.

8.5 Research question 5: What are the attitudes and opinions of others towards the problem of AIDS orphans in secondary schools?

Despite problems such as financial constraints, all those involved with the orphans one way or another portrayed a positive attitude toward the orphans and the orphan problem in schools. For example the majority of headteachers and teachers agreed that such students needed help in school, that schools should help, that teachers have a role to play, that teachers need training to be able to effectively handle such children and that they would be willing to discuss bereavement. So, although teachers wish to help, they may not feel confident to do so (Rees, 1997, Cor and Balk, 1996, Holland, 1995, Doka 1995, Goldman 1996).

All the non governmental organisation representatives acknowledged the plight of orphans but could not offer much to secondary school orphans due to policy and financial constraints. However, there is a need for government and non-governmental organisations to formulate policies together which facilitate the adjustment of vulnerable children, irrespective of whether they are in the primary or secondary sector. Co-ordination between different organisations is vital if they are to reach more than one sector of AIDS orphans, that is to say, if there is co-ordination, then one organisation could concentrate on one set of AIDS orphans while another organisation concentrated on another other set.

Friends and peers of the bereaved students also played a significant role during and after bereavement. For example findings from the questionnaires indicate that orphans in all the schools felt supported more by their friends and peers in the school than by any other person in the school. Findings from the questionnaires also suggest that during bereavement, it was their friends and peers who mainly offered support and comfort while they were at school.

It is in the light of this that schools can see how these potential sources of help can be developed and used to help bereaved students.

8.6 Research question 6: Are there any significant differences between the orphans and the non-orphaned students in relation to self-esteem, performance and perceptions of work at school ?

The study also investigated whether there were any significant differences between orphaned and non-orphaned students. This was done using descriptive analysis. Percentages were used to follow trends in the data. Analysis of the questionnaires revealed that there were no marked differences between orphans and non-orphaned children. For example, the majority of the students cited personal factors as having a major influence on personal achievement and changes in their academic performance. Both orphans and non-orphans cited financial difficulties as a factor influencing achievement in school. Attendance in school was more or less similar for both orphans and non-orphans. There were no marked differences in the responsibilities that the orphaned students and the non-orphaned students reported. However, findings from the interviews with orphans indicated that some of the orphans held huge responsibilities, such as

paying their own fees. Further statistical analysis using the chi-square test revealed that there was no significant difference between these sets of students in their self-concept and esteem.

8.7 Research question 7: What influence does gender, age and socio-economic status have on bereavement due to loss of parent/s?

A two-way chi-square analysis was employed to determine the associations between age and gender and bereavement. The results obtained indicated that such associations were non-significant. However, more than half of the teachers in schools C and E, which are residential mixed sex schools, felt that female students are more affected than male students. In school B, which is a day mixed sex school, 58 % felt that this was not so.

There is anecdotal evidence to indicate that socio-economic status played a part during or after bereavement. Findings from the interviews indicated that students of high socio-economic status might not necessarily face problems in paying their school fees or serious economic hardships. This was due to the fact that there was property left by their deceased parents, which could generate some income for them. For example such cases as the one cited earlier where the students did not consider themselves to be needy because their parents had left some property.

One of the limitations of the study was that due to constraints of time, more in-depth studies of these variables was not possible. Further, because detailed analysis was done at a later stage, follow-up of some issues was not possible. More in-depth studies need to be carried out to

investigate the relationship between gender, socio-economic status and bereavement due to AIDS.

8.8 Contributions and limitations of the study.

8.8.1 Contributions of the study

As has been mentioned before, bereavement and death are natural phenomena and there is nothing much a school can do about it. This is not the problem. The problem is impaired resilience. *“Resilience is a universal capacity which allows a person, group or community to prevent, minimise or overcome the damaging effects of adversity* (Grotberg, 1995:7). I have also argued that resilience to cope with adversity, in this case death of their parents is eroded by the presence of multi-variant problems that a child faces (Rutter, 1980). Bereavement support to children should aim to enhance childrens’ individual resilience while at the same time recognising that they exist within a social network (Morland, 1999). In other words we should also increase the capacity of family, friends and communities to support and enhance children’s resilience. I have adopted the learning model for resilience to explain this.

1. The death is a “given”, ie workers cannot try to solve a bereavement; aim to increase resilience.	Over-arching concept	This is the out come
2 So look at what will increase resilience:	Problem solving concept	These are dependent variables
<ul style="list-style-type: none"> • Self-esteem • Self-efficacy • Self-in-situation (localised support) 		
3 Achieve (2) via components of workers’ practice, for example:		These are independent variables
<ul style="list-style-type: none"> • Participation • Peer support • Behaviour of staff • Learning – new understanding rather than new information. 		

Table 8.1 The learning model for resilience (Morland, 1999:56)

Garmezy (1985) and Grotberg (1995) identify three protective factors in resilience. Garmezy lists them as personality features, family cohension and absence of discord, and the availability of external support, while Grotberg sums them up as “I am”, “I have” and “ I can” factors.

“I am” factors include features involved with personality such as self-esteem; such as, I am a person people can love, I am respectful of others and self, and I am confident and things will be

alright. These cannot be created but can be strengthened by support systems. “I have” factors include family and external support structures such as, I have people around me who I trust and who love me, people who show me how to do things right, who set limits for me, who want me to learn to do things myself and who help me avoid danger. These can be provided and strengthened. “I can” factors include the child’s own social and interpersonal skills, factors such as, ability to find ways to solve problems, to talk to others and to seek help if it is needed. These can be learned and can be taught. Schools (teachers) can be used to provide local and family support for bereaved children and strengthen the “I have” and “I can” factors and this can boost resilience during and after bereavement. As shown in Table 8.1 by increasing and strengthening the “independent variables”(eg teachers’ support) one can bring about a change in the “~~in~~dependent variable”(eg the child’s social and interpersonal skills and self- esteem) and so achieve the desired “outcome” (resilience to loss).

The AIDS pandemic has generated much research and discussion not only on its nature and the educational measures that have to be taken in consequence but also on issues related to the socio-cultural and economic factors associated with the disease. An important aftermath of the AIDS pandemic is the problem of AIDS orphans. More money has been spent on trying to find a cure and to explain the nature of the pandemic than has been expended for AIDS orphans. It has been noted that, despite an almost universal ratification of the United Nations convention on the rights of children, the response to infected, affected and vulnerable children has lagged behind those for adults. Even in the developed countries, childhood AIDS issues such as, prevention, orphan care and education around sexual health has not met with much success. In many developing

countries, poverty and wars worsen it. The AIDS affected children have remained “invisible, their needs largely unmet” and very little training has been given to people who deal with such children; rather the focus is on the transmission of the disease and the precautions which should be taken against it (Gabballe & Gruendel, 1998).

A good deal of this research has been carried out in the West. In the field of bereavement, not much research has been carried out on AIDS bereavement in general and very little in developing countries such as Uganda.

My interest in this study was generated through my profession as a teacher-training instructor for secondary schools. From my experience, I knew that teacher-training institutions did not effectively equip teachers with skills to approach and help bereaved students. I also suspected that schools might have substantial numbers of orphans, as a result of the AIDS pandemic. I also suspected that such children might be exposed to a number of problems which might place them at risk of failing in school. Therefore a study such as this one was needed to investigate the problem of AIDS orphans in secondary schools and what help is available to them.

The few studies that have been carried out have sought the perspectives of organisations or teachers or those who deal directly or indirectly with the orphans; few have included the orphans themselves. I included headteachers, teachers, counsellors, representatives of non-government organisations, lecturers from teacher training institutions, a government representative and AIDS orphans in the study. Their experiences, perspectives, attitudes and opinions were sought to give a clearer picture of the problem of AIDS orphans in secondary schools in Uganda.

In addition five schools were included in the study; single sex boarding schools (schools A and D), mixed sex boarding schools (schools C and E) and a mixed sex day school (school B). The selection of these schools generated anecdotal answers on the associations between gender, socio-economic status and bereavement.

After studying the perspectives and attitudes of the respondents I found some evidence to suggest that despite intensive education on HIV/AIDS, and despite large numbers of families facing the same tragedy, there is still a stigma attached to the disease. This is felt even in the schools. This, in most cases, hinders the identification of these vulnerable children. Nevertheless, it may be questioned whether the identification of these students in the school would be of any benefit. Due to constraints of time and effort and for financial, political and moral reasons, intervention by individuals, organisations and the government is limited even when available. Therefore, there are minimal or no resources, from within the school, and from outside the school open to these students.

8.8.2 Limitations of the study

The problem of the identification of AIDS orphans has already been highlighted in this study. I identified AIDS orphans using suggestions from different respondents. I used the suggestions of the headteachers and teachers, and the reports of orphans to ascertain whether it was likely that a student was an AIDS orphan. Only 3 of the students referred to me admitted in speech that they were. However it was difficult to ascertain this from the questionnaires.

This study highlights the problems which AIDS orphans face in schools and the resources available to facilitate their adjustment to the loss of their parent/s. When evaluating the results of this study, some of its limitations become apparent.

The study sample did not include primary schools. While I was in the field some representative of non-governmental organisations pointed out that more of their effort was directed towards primary school pupils. It would have been interesting to compare primary schools with secondary schools from this point of view.

The study was based on one geographical area and was mainly urban. It is possible that findings of this study are not generalisable to schools in other areas in Uganda or other countries.

The instruments used in the study were self-report instruments. Thus there is a possibility that some of the respondents responses may be inaccurate because of the problem of memory or subjective judgement.

As mentioned in chapter Three, it was not possible to include more day schools as initially planned. The study therefore is more biased towards residential schools and although the study incorporated different religiously inclined schools no major differences were found .

8.9 Conclusions

The issue of HIV/AIDS is a difficult and sensitive topic, basically due to the stigma attached to the disease. Therefore the topic of AIDS orphans in schools becomes equally difficult. However, these children and their peers are the next generation and it is important that their development into productive adults should be facilitated. According to the 1992 Ugandan White Paper: *Education for Integration and Development*, the aims and objectives of primary and secondary schools encourage the development of mental and physical health, and the development of literacy, numeracy and communication skills. Education seeks to promote an understanding of the cultural heritage, and a sense of discipline, to develop scientific, technological and commercial skills and lay a foundation for further education (Article 116, Recommendation 3).

Schools are responsible for the spiritual, moral, cultural, mental and physical development of pupils and their preparation for the opportunities, responsibilities and experiences of adult life (Reid, 1986).

This set of vulnerable children with large and multiple problems needs to be assisted towards these goals and particularly attention should be paid to their mental health. Students should be prepared and equipped with information and skills in how to cope with bereavement. It is within the school setting that such children can be better helped to build their resilience against stressful events such as death, and to be equipped and prepared to deal with life experiences. This is highly relevant to the prevailing AIDS pandemic. Further still, schools can help in combating social

exclusion by playing a part in fostering emotional health so as to facilitate personal achievement and connecting AIDS orphans to other public and private services (Demos 1997, Bentley 1998).

Although the findings of the questionnaires indicate that there are no significant differences between orphans and non-orphaned students and that their self-concept and self esteem and their achievement and performance at school are not highly affected, findings from interviews lead to a different picture. Orphans with no steady financial support face a number of problems, an important one being that of fees. Most of them, even those from families of high socio-economic status, also face psychological problems. The situation is that these students come into school a day or two after the loss of a parent; sad and bewildered, they face an uncertain future. However, they find in most schools no counselling units, or teachers who are confident in helping them in their loss and no one to share their anxieties. Many AIDS orphans may not feel free to discuss their feelings and fears due to the stigma attached to the disease. The counselling and careers guidance stipulated in the government paper is basically geared towards careers guidance and rarely if ever embraces students' affective needs. It has been noted that some of these students feel isolated and neglected by their relatives. This affects their self-esteem in that they feel unloved and unwanted. With many non-governmental organisations and local community initiatives concentrating on primary school children social networks that are vital to older children's life chances are minimal if not destroyed. These children are at risk of being socially excluded unless some intervention arrives to build their self-motivation and resilience to loss so that their coping skills are strengthened.

8.10 Recommendations

Institutions are in most cases measured by examination success. Things in Uganda are no different. Schools hence give very limited time and resources to other areas, such as bereaved students.

Nevertheless, it has been noted that:

“Factors which predispose to a successful outcome of this transition include appropriate anticipation and preparation for bereavement, emotional support from friends and others (permitting expression of grief), psychological resilience and confidence in oneself, opportunities for personal growth, faith in a religious or philosophical system of belief that gives meaning to death. Conversely the process of grieving may be impaired by sudden, unexpected, and untimely deaths, by the dissolution of relationships characterised by ambivalence or dependence, by social isolation or the presence of others who will block attempts to grieve or distract the griever, by the failure of previous attempts to cope with major loss (particularly in childhood), by lack of self confidence, by physical or other obstacles to self-fulfilment, and by the absence of a system of belief that gives meaning to death” (Gregory,1998).

This study envisages that headteachers, teachers and those dealing with AIDS orphans will draw from these studies ways in which they can provide structures and policies that will help AIDS orphans and other such students after their bereavement. Based on the results of the study and the review of the literature, the following recommendations are made:

There is a need to establish effective social support:

In Uganda the teacher training institutions do not have programmes equipping teachers to deal with bereaved students. There is however an awareness that this is needed. This was pointed out

clearly by lecturers in the teacher training institutions and by the teachers in the school. An overwhelming majority of the teachers had not received this training, but were interested and felt that they needed it if they were to deal effectively with bereaved students. Although it has been pointed out that classes of teacher trainee are on the whole very big and that practical experience in bereavement training would be difficult to arrange, nevertheless it is important that teacher-training institutions should include bereavement counselling as a component at the undergraduate level. This will give teachers skills to deal better with bereaved students.

It is also recommended that in-service training programmes in bereavement counselling be made available for teachers. One of the teachers in school C pointed out that he had received training in bereavement counselling funded through a non-governmental organisation. There is a need for those involved in educational planning to realise that in the face of the AIDS pandemic the role and the content of education have to be revisited. Most developing countries cannot afford to a large number of skilled counsellors, this therefore calls for in-service teacher development programmes to include training in counselling. It is recommended that non-government organisations could play a more active part here.

Students should be helped to develop skills in dealing with the problem of loss so as to obtain support and assistance from peers and adults. When students are active and persistent in problem resolution and are trained to use the limited available resources their resilience can be built up to face the problems of bereavement. This can be done through life skills education in schools. *“Life skills are abilities for adaptive behaviour, that enable individuals to deal effectively with the*

demands and challenges of everyday life” (WHO, 1993). Core life skills include decision making, creative thinking, effective communication, self awareness, coping with emotions, problem solving, critical thinking, interpersonal relationships, empathy and coping with stress. Life skills education has been effective in the developed countries in preventing for example, child abuse, adolescent pregnancy and HIV/AIDS and also in promoting self-confidence and self-esteem. Indeed some developing countries and Uganda in particular have reported success stories especially in sex education and the information of HIV/AIDS. This should be extended to empower children with skills on how to deal with death – an eventuality that seems more eminent in the light of the AIDS pandemic. When children are given such skills they can deal better with bereavement.

There should be a concerted effort by the Ministry of Education in collaboration with organisations and schools to formulate policies and programmes supporting such vulnerable children in schools. Schools should consider soliciting assistance from the few specialists in bereavement counselling and also arrange for such people to come into schools to talk to students. Schools should break down barriers between them and other networks helping AIDS orphans. They need to embrace available resources in the community and “ *configure the resources available to support learning around the **needs** and abilities of the learners*” (Bentley, 1997).

As mentioned earlier, Uganda has been one of the few countries with a successful HIV/AIDS education programme. The rate of HIV/AIDS infection has dropped and the stigma attached to the disease has declined, due to the cumulative efforts of the community, the government and the non-governmental organisations. For examples in schools music, drama and clubs have been used to pass the message on. There is great potential that these can also be used to put the problems of AIDS orphans in the limelight and seek ways and means of easing the adjustment of these vulnerable children.

There is also need for more in-depth studies on AIDS bereavement and particularly on AIDS orphans. More studies are needed, too, on the effects of gender and socio-economic status on bereavement through AIDS.

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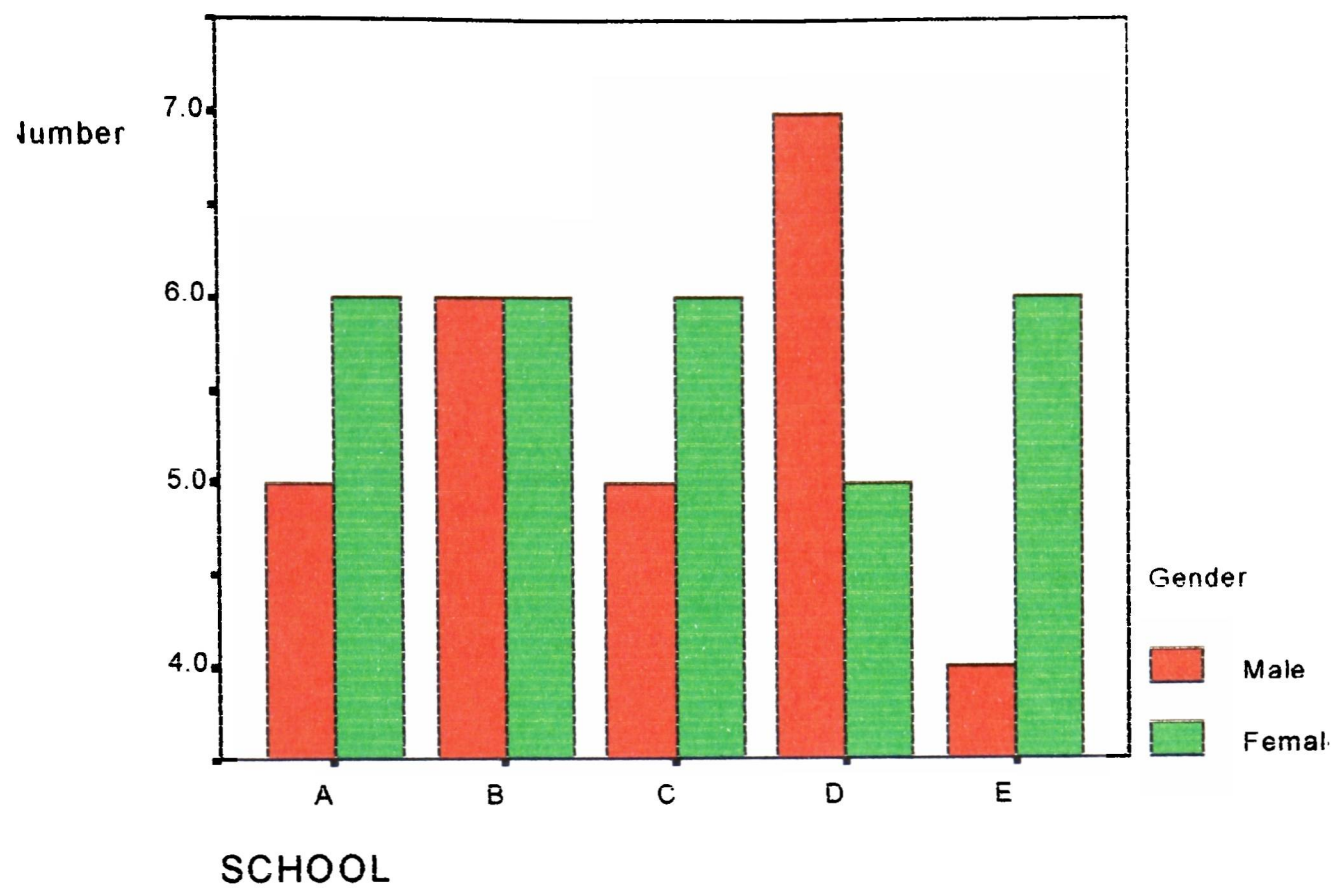
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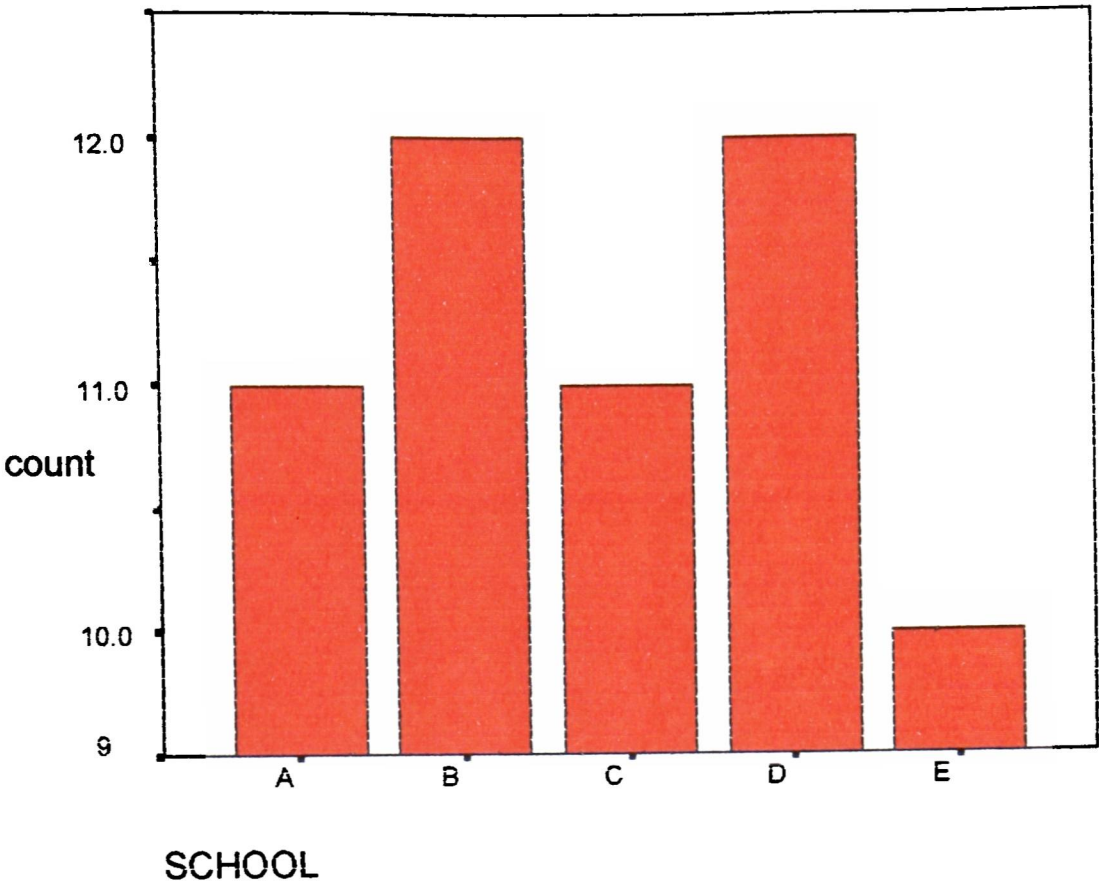
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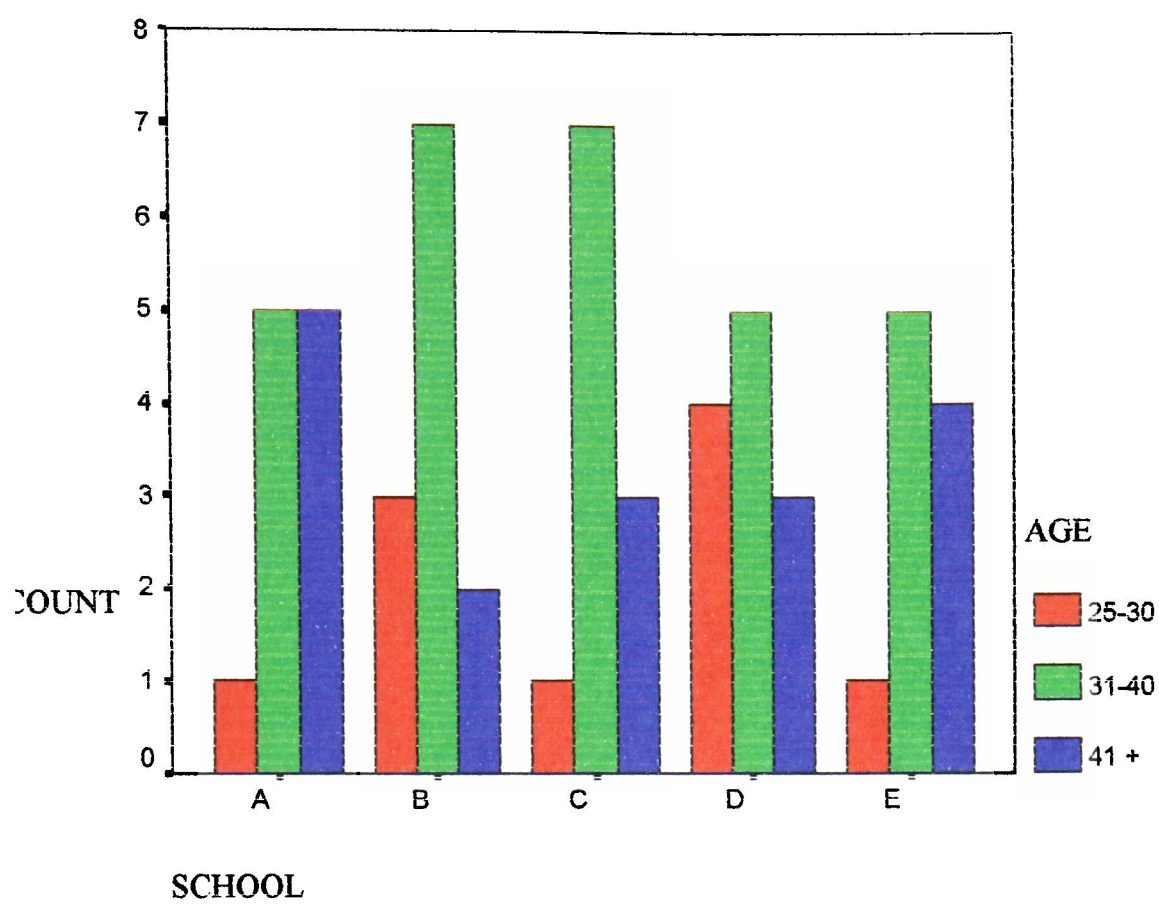
Appendix 1:Gender of teachers



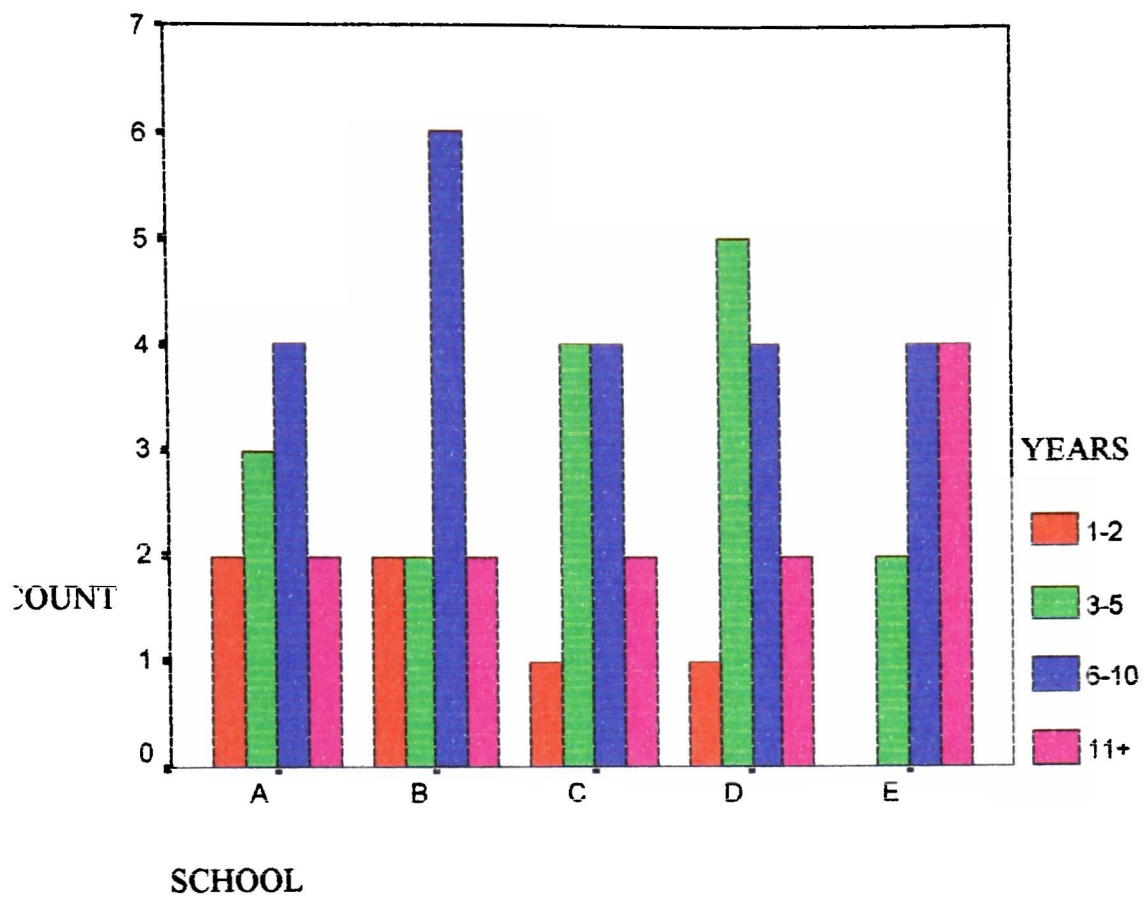
Appendix 2: Rate of questionnaires returns.



Appendix 4:Age of the teachers



Appendix 5: Number of years that the teachers had been in the school



Appendix 6 Teachers attitude towards AIDS orphans

It is part of the teachers role to help AIDS orphans cope at school		
School	Agree %	Disagree %
A	100	0
B	100	0
C	100	0
D	92	8
E	90	10

The teacher can help AIDS orphans		
School	Agree %	Disagree %
D	100	0
A	100	0
C	91	9
E	90	10
B	83	17

My school should do something about AIDS orphans		
School	Agree %	Disagree %
E	100	0
D	92	8
C	91	9
B	83	17
A	82	18

I would feel free to discuss and handle the death of parents due to HIV/AIDS with bereaved students		
School	Agree %	Disagree %
B	75	25
E	70	30
C	64	36
D	42	58
A	36	55

I need help in how to deal with such children in school		
School	Agree %	Disagree %
C	100	0
D	92	8
E	90	10
B	83	17
A	82	18

Appendix 7 Interview schedule with headteachers

- I will begin by thanking the headteacher for having granted permission to carry out the study in his/her school.
- Introduce myself and the study.
- Explain the purpose of the study and how I intend to carry out the study.
- Ask the head teacher to give background information about the school (e.g. how many students in the school)
- Ask the headteacher to give back background information about him/her self.

The interviews will be semi-structured covering the following questions:

1. What problems do the orphans face due to the loss of their parents through HIV/AIDS?
2. How does the loss of parents affect AIDS orphans?
3. What resources are available to AIDS orphans in secondary schools?
4. What factors affect their adjustment to loss of parents?
5. What are your perceptions of the problem of AIDS orphans in secondary schools?
6. What influence does gender, age and socio-economic status have on bereavement due to loss of parent/s?

Appendix 8 Students self concept and self-esteem.

I take a positive attitude towards myself		
School	Agree %	Disagree %
C	96	4
D	93	7
E	89	11
B	87	13
A	75	25

I think am clever at school		
School	Agree %	Disagree %
E	100	0
C	96	4
D	93	7
A	92	8
B	92	8

All in all I think I am a failure		
School	Agree %	Disagree %
C	4	96
E	11	89
B	15	85
A	25	75
D	27	73

I think I am a person of worth, at least on an equal plane with others		
School	Agree %	Disagree %
D	100	0
A	92	8
B	90	10
C	82	18
E	78	22

My teachers like me		
School	Agree %	Disagree %
C	100	0
A	92	8
B	92	8
E	89	11
D	87	13

I would rather work alone than in a group		
School	Agree %	Disagree %
A	8	92
D	27	73
B	28	72
C	29	71
E	33	67

I feel I do not have much to be proud of		
School	Agree %	Disagree %
B	82	18
D	73	27
C	64	36
A	50	50
E	33	67

I feel left out of things		
School	Agree %	Disagree %
A	67	33
C	46	54
B	41	59
D	40	60
E	33	67

Appendix 9: Orphans perception of support from others

(a) Support from friends in the school.

School	A	B	C	D	E
S	80	84	85	75	69
NS	20	16	15	26	31

(b) Support from adults outside the school.

School	A	B	C	D	E
S	73	81	68	76	85
NS	27	19	30	23	16

(c)Support from teachers in the school.

School	A	B	C	D	E
S	62	81	82	66	59
NS	38	19	17	34	42

(d) Support from friends outside the school.

School	A	B	C	D	E
S	64	57	62	66	62
NS	27	43	37	34	39

Appendix 10:AIDS song

Gone are the days when love was blind to make you fall in a pit so deep

Gone are the days for boys and girls to seek for pleasure and lose their lives

(Chorus) AIDS will kill those who don't care

AIDS has no mercy for those who don't care

Remember there is no cure but suffer and then die unless you change and change today (x2)

When you think of fun just don't think of "sex"

AIDS will make your life go deep down the drain

Think of the pain you cry in bed and all the youth their lives will end too soon

(Chorus) AIDS will kill those who don't care

AIDS has no mercy for those who don't care

Remember there is no cure but suffer and then die unless you change and change today (x2)

Appendix 11: Questionnaires for headteachers

Please respond by ticking the appropriate box.

<u>Gender</u>	<u>Age</u>	<u>Experience as Headteacher in the school.</u>	
Male <input type="checkbox"/>	25-30 yrs	<input type="checkbox"/>	1-2 yrs <input type="checkbox"/>
Female <input type="checkbox"/>	31-40 yrs	<input type="checkbox"/>	3-5yrs <input type="checkbox"/>
	41 and more	<input type="checkbox"/>	6-10 yrs <input type="checkbox"/>
			11yrs-and more <input type="checkbox"/>

1.Please give a close estimation of the student population at your school.

2.In the last two years have any children in your school been bereaved? In this context bereavement means loosing by death parents due to HIV/AIDS.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know <input type="checkbox"/>
------------------------------	-----------------------------	--

What would be a correct estimate of such children in your school?

3.How did you hear about the death of the parents? *Please tick the appropriate box for each.*

	All times	Most times	Non of the times.
(a) Through the guardian of the bereaved student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Through a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Through the friends of the bereaved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Any other _____			

4.Do any programs exist in the school to help such children?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

If yes ,please specify.

5.Do you feel the school is competent to deal with such children?

Yes

☐

No

☐

What reasons do you attribute to this?

6.Are there any issues that have been raised about such children?

Yes

☐

No

☐

if yes, please specify.

Are there any issues that you would like to raise about such children? Please specify.

Please respond by ticking one box that most clearly reflects your view on a scale 1-6, where 1=strongly agree(SA) and 6 =strongly disagree(SD). The box closest to the end boxes indicates stronger agreement.

7.Teachers should play a role in helping AIDS orphans.

SA

SD

☐

☐

☐

☐

☐

☐

1

2

3

4

5

6

8.AIDS orphans need help at school.

SA

SD

☐

☐

☐

☐

☐

☐

1

2

3

4

5

6

9.Schools should do something to help AIDS orphans.

SA						SD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	

10.Teachers need training in how to deal with AIDS orphans.

SA						SD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	

11.I would feel free to discuss and handle the death parents due to HIV/AIDS with the bereaved student.

SA						SD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	

12.I would feel free to discuss and handle the death of parents due to HIV/AIDS with teachers.

SA						SD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	

13.I would feel free to discuss and handle the death of parents due to AIV/AIDS with the guardians of the child.

SA						SD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	

Please give your comments and opinions.

14.In which ways would it be desirable for the school to help such children.

15.In which feasible ways can the school help such children.

16.Who else can help such children

17.Are there any other comments you would like to make?

Appendix 12: Questionnaire for teachers

Please respond by ticking the appropriate box.

<u>Gender</u>	<u>Age</u>	<u>Years spent in the school.</u>
Male <input type="checkbox"/>	25-30 yrs <input type="checkbox"/>	1-2 yr <input type="checkbox"/>
Female <input type="checkbox"/>	31-40 yrs <input type="checkbox"/>	3-5 yrs <input type="checkbox"/>
	41yrs-and more <input type="checkbox"/>	6-10 yrs <input type="checkbox"/>
		11yrs-more <input type="checkbox"/>

1. In the last three years, have any children in your school been bereaved? In this context bereavement means losing by death parents due to HIV/AIDS.

Yes ☐ No ☐ I do not know ☐

2. What would be a correct estimate of such children in your class.

1-5. ☐ 6-10. ☐ 11- and more. ☐

3. Have you noticed any general post-bereavement psychological effects in the children?

Yes ☐ No ☐ I do not know ☐

If yes please specify.

4. Have you noticed any general physical changes in the children after bereavement?

Yes ☐ No ☐ I do not know. ☐

If yes please specify.

5. Have you received any training in how to deal with AIDS orphans?

Yes ☐ No. ☐

(a). If yes please specify.

(b). If no, do you feel that it is necessary to receive this training?

Yes ☐ No. ☐

Please specify.

6. Do any programs exist in the school to help children orphaned through HIV/AIDS?

Yes. ☐

No. ☐

If yes please specify.

7. How did you hear about the death of the parent? *Please tick the appropriate box for each.*

	Every time	Sometimes	Never
(a) Through the child's guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Through the headmaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Through the child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Through the child's friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) In the staff-room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Any other _____			

Please respond by ticking on a scale 1-6, where 1 =strongly agree (SA)and 6 strongly disagree(SD).The box nearer to the end boxes indicate stronger agreement to it..

8. It is part of the teachers role to help AIDS orphans cope at school.

SA.						SD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

9. AIDS orphans do need help at school.

SA						SD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

10. The teacher can help AIDSorphans.

SA						SD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

Please specify.

11. Females are more affected than males.

SA						SD
1	2	3	4	5	6	

12. My school should do something about AIDS orphans.

SA						SD
1	2	3	4	5	6	

13. I would feel very free to discuss and handle the death of parents due to HIV/AIDS with bereaved students.

SA						SD
1	2	3	4	5	6	

14. I need help in how to cope with such children in the school.

SA						SD
1	2	3	4	5	6	

Please give your comments and opinions.

15.Are there any other comments you would like to make?

Appendix 13: Questionnaire for students

Please respond by ticking one box that most describes your view. The ones nearest to the end boxes show that you agree to them more.

1. In which category do you place yourself in class at present.

Top of the class.						Bottom of the class..
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which one would you place yourself in, in the last :

(a) three months

Top of the class.						Bottom of the class.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) six months

Top of the class.						Bottom of the class.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) one year

Top of the class.						Bottom of the class.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If there are changes in your positions above, what caused them?

4. Which was your best year(s) for achievement in school?

5. What reasons can you give for this?

6. Which was your worst year(s) for achievement in school?

7. What reasons can you give for this?

8. How do you find work at school?

Very difficult

Very easy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

9. What reasons do you have for this?

10 How do you find work at school?

Very interesting

Very boring

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

11 What reasons do you attribute to this?

12. What responsibilities do you hold at home?

13. For how long have you held these responsibilities?

14 How has it affected your school life.

15. I attend school at least (a) twice a week. ☐

(b) thrice a week. ☐

(c) four times a week. ☐

(d)five times a week. ☐

16. To what extent do you feel helped by your friends in school when facing problems?

very supported

not supported

☐

☐

☐

☐

☐

☐

17. To what extent do you feel supported by friends outside the school when facing problems?

Very supported

Not supported

☐

☐

☐

☐

☐

☐

18. To what extent do you feel supported by adults outside the school when facing problems?

Very supported

Not supported.

☐

☐

☐

☐

☐

☐

19. To what extent do you feel supported by your teachers in school when facing problems?

Very supported

Not supported.

☐

☐

☐

☐

☐

☐

Please respond by ticking the box that best describes your view.

20. I think I am clever at school.

Strongly agree .Agree Slightly agree Slightly disagree Disagree Strongly disagree

☐

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21. I would rather work alone than in a group.

Strongly agree .Agree Slightly agree Slightly disagree Disagree Strongly disagree

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22. I feel that I am a person of worth, at least on an equal plane with others.

Strongly agree .Agree Slightly agree Slightly disagree Disagree Strongly disagree

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23. I feel left out of things.

Strongly agree .Agree Slightly agree Slightly disagree Disagree Strongly disagree

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24. My teachers like me.

Strongly agree .Agree Slightly agree Slightly disagree Disagree Strongly disagree

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25. I feel I do not have much to be proud of.

Strongly agree .Agree Slightly agree Slightly disagree Disagree Strongly disagree

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26 All in all, I am inclined to feel that I am a failure

Strongly agree .Agree Slightly agree Slightly disagree Disagree Strongly disagree

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☐

27 I take a positive attitude towards myself.

Strongly agree .Agree Slightly agree Slightly disagree Disagree Strongly disagree

☐

☐

☐

☐

☐

☐

Please tick the appropriate box about yourself.

Age 13 years☐ 14years☐ 15 years☐ 16 years☐ 17.year

Gender Male☐ Female☐

Orphan: Yes ☐ No ☐

Both parents dead. Yes ☐ No ☐

Thank you.